

**DOMESTIC VIOLENCE
BATTERED WOMEN SHELTER PROGRAM
ADMINISTRATIVE POLICIES AND PROCEDURES**

Effective: July 1, 2000

Table of Contents

When accessing this manual online, you can quickly move to a section within the manual by clicking (with your mouse) on the page number or the blue Appendix label in the Table of Contents.

Introduction	1
Budget Documents	2
Budget Justification Narrative Guidelines	6
Budget Detail Worksheets Guidelines	10
Budget Summary Guidelines	12
20% Match Requirement Guidelines	13
Budget Revisions.....	14
Amendments/Augments	16
Scope of Work (SOW), Workplan, and Revisions to Workplan	17
Initial Grant/Augment Payments.....	18
Invoices	20
Equipment and Inventory-Controlled Nonequipment Items	23
Subcontracts and Consultant Contracts	31
Audits and On-Site Compliance Reviews	34
Reporting Requirements.....	36
Program Reports.....	37
Data Reports.....	38
Miscellaneous.....	41
Glossary.....	43
DISKETTE INSTRUCTIONS.....	53
Budget Diskette Instructions	55
Invoice Diskette Instructions.....	79
Exhibit A-1 Diskette Instructions	93
Exhibit A-2 Diskette Instructions	97
Subcontract Agreement Transmittal Package Diskette Instructions	101
Program Report Diskette Instructions	107
Data Report Diskette Instructions	109

Table of Contents, Continued

APPENDICES

Blank budget documents.....	A
Sample budget documents	B
SOW, Part I.....	C
SOW, Part II	D
Invoice	E
Contractor's Release Form	F
List of items that require tags	G
Exhibit A-1	H
Exhibit A-2	I
Subcontract transmittal package	J
Agency documentation requirements	K
Notification of changes	L
Program Report.....	M
Data Report.....	N
Travel Reimbursement Information.....	O
Calendar & deliverables due dates.....	P
Health and Safety Code 124250 & 124251	Q

Introduction

Purpose of the manual

This manual provides you with the information necessary to prepare grant applications and to provide MCH with routine grant information.

The Grantee must adhere to the policies and procedures included in this manual when preparing requests for application and when carrying out the activities needed to meet the objectives in the grant's SOW.

These policies will be used in State audits and site reviews.

NOTE: MCH reserves the right to review and adjust its policies in response to statutory, regulatory, or administrative requirements. Should any changes occur, Grantees will be notified in writing.

Acronyms and abbreviations

Acronyms and abbreviations are used throughout this manual. Refer to the Glossary of this manual for the complete terminology.

Budget Documents

Purpose of budget documents

The budget displays the funding the Grantee is eligible to receive from MCH. These documents are the basis for payments to the Grantee and for full compliance audits.

All expenses shown on the budget documents must directly relate to the accomplishment of the objectives, activities, timelines, and deliverables that are identified in the SOW.

What's in this section?

The information included in this section provides information regarding budget rules and requirements. Please refer to the Diskette Instructions section of this manual for detailed instructions regarding the use of the automated diskette when completing the budget documents.

Five line items

For MCH purposes, all expenses are classified into the following five line items:

Line Item Name	Explanation
Personnel	<p>All staff reimbursed in whole or in part through funds provided by MCH are listed in this line item. Include: salary, wages, benefit costs, sick leave, vacation, holidays, overtime and shift differentials.</p> <p>All staff listed must be identified in the SOW for all objectives/activities for which they are responsible. Project staff must devote adequate time to the project to accomplish the required objectives.</p> <p>NOTE:</p> <p>(1) MCH requires that each shelter-based services Grantee employ a data collection/reporting staff person at a minimum of one-half FTE (50%). This requirement may be satisfied with funding from sources other than MCH. The FTE requirement may be modified on a case-by-case basis to meet the individual Grantees' needs.</p> <p>(2) Positions that are MCH-funded as ten percent FTE or less should <u>not</u> be included in this line item. Their expenses should be included in the Indirect Costs line item.</p>

Continued on next page

Budget Documents, Continued

Five line items (continued)

Line Item Name	Explanation
Personnel (continued)	(3) Positions that are funded by multiple sources and are difficult to track the time spent performing MCH activities should <u>not</u> be included in this line item. Their expenses should be included in the Indirect Costs line item.
Operating Expenses	<p>Costs necessary to conduct the day-to-day operations are listed in this line item. Include costs for travel, training, audit, space rental, office supplies, computer software, duplicating, postage, equipment/furniture with a unit cost of \$5,000 or less, household furnishings, real property improvements, internet access, insurance, maintenance agreements, media campaigns, etc.</p> <p>NOTE:</p> <p>(1) Agencies are required to have internet access.</p> <p>(2) A minimum of \$2,000 must be budgeted between Travel and Training to cover expenses related to the mandatory meetings and trainings.</p> <p>(3) An annual single-agency audit is <u>mandatory</u>. MCH may be billed for its share of the audit expense, up to \$3,000 per fiscal year.</p>
Capital Expenditures	Equipment expenditures with a unit cost of over \$5,000 per unit are listed in this line item. This may include equipment items such as copiers and LAN servers.
Other Costs	Subcontracts and consultant agreements.
Indirect Costs	<p>A percentage of the total Personnel line item to partially cover overhead and management expenditures that are typically allocated to all funding sources.</p> <p>Indirect Costs cannot exceed 12 percent of the total Personnel line item.</p>

Continued on next page

Budget Documents, Continued

Prohibited expenses

The following are prohibited expense items:

- bonuses/commissions to any individual, organization, or firm
 - lobbying activities
 - purchase of real property including land, structures and their attachments
 - interest expenses
 - purchase or lease-purchase option of any motor vehicle equipment (lease without purchase option is allowable)
 - program services or educational curricula that are religious or promote religious doctrine or payment to or in aid of a church, religious sect, creed or sectarian purpose
-

Kinds of budget documents

The budget documents consist of the following:

- A. a budget justification narrative,
- B. three detail worksheets,
- C. a budget summary, and
- D. a 20% Match Requirement Form

NOTE: See [Appendix A](#) for blank and sample budget documents.

A. Budget justification narrative

The budget justification narrative identifies and explains the use of the funding proposed for each expenditure against the MCH funding. It must include:

- detailed descriptions of the responsibilities for each budgeted position, and
 - specific explanations of how the budgeted expenditures are related to and necessary for the achievement of the grant goals and objectives.
-

B. Detail worksheets

Detail worksheets provide a “snapshot” view of the proposed expenses and, when the diskette provided by MCH is used, perform automatic calculations. There are three detail worksheets used to list expenses for three of the line items (Personnel, Operating Expenses, and Other Costs).

C. Budget summary

The budget summary is a one-page document that summarizes all the expenses into the five line items (i.e., Personnel, Operating Expenses, Capital Expenditures, Other Costs, and Indirect Costs).

Continued on next page

Budget Documents, Continued

D. 20% Match Requirement form The 20% Match Requirement form identifies the sources of matching funds or in-kind contributions that, as a condition of receiving MCH funds, battered women's shelters must provide. Local government agencies and universities are exempt from this requirement. The matching funds or in-kind contributions may come from other governmental or private sources that support your agency's overall domestic violence program. Grantees must maintain documentation substantiating the 20 percent annual match requirement.

The following list provides examples of allowable in-kind contributions:

- volunteer or staff hours calculated at a reasonable rate based upon the knowledge and specific skills provided by the volunteer
- rent
- donated equipment and furniture which has a reasonable value (i.e., new furniture may be valued on the basis of retail store ads; used furniture should be valued on the basis of thrift store value)
- donations of funds or supplies from private sources
- private foundation grants or funds
- curriculum or material developed with private funds
- incentives for project participation (i.e., refreshments, meals, T-shirts, music discs, awards) funded or donated by private sources
- public service announcements (PSAs) from broadcast agencies
- transportation for clients
- interest earned
- proceeds from fundraising

Budget revisions

Since a budget is a plan of expenditures, over the course of the grant term, adjustments may be needed to more accurately reflect actual expenditures needed to carry out the SOW. Please refer to the appropriate sections of this manual that provide guidelines and instructions for budget amendments or revisions.

Budget Justification Narrative Guidelines

Overview

The budget justification narrative is a list of items and an explanation/justification of how your agency intends to use the MCH funds. The guidelines in this section provide the rules and requirements for constructing the budget details that comprise the budget justification narrative.

How to construct a budget justification narrative

Create your budget justification narrative in the format shown in [Appendix B](#); an automated file/template for this document is not provided. Construct the budget justification narrative, identifying the amount of requested MCH funding for each expense, in accordance with the following guidelines:

Personnel	<p>Provide the following information for each position budgeted with MCH funds:</p> <ul style="list-style-type: none">• classification (<u>not</u> the person's name; this allows flexibility for staff turnover)• annual salary as if they were employed full time• FTE percentage that MCH funds• duty descriptions and functions• requested MCH funding <p>Multiple personnel with the same classification and annual salary may be combined into a single item (even if they have different FTEs), however, please identify the actual number of staff for that classification.</p> <p>If applicable, provide an explanation of the data collection/reporting staff waiver or identify the funding source if other than MCH.</p> <p>Identify the Average Benefit Rate (not to exceed 30 percent of total wages).</p>
-----------	--

Continued on next page

Budget Justification Narrative Guidelines, Continued

How to construct a budget justification narrative (continued)

Operating Expenses	Travel	<ul style="list-style-type: none"> • identify travel costs for Agency staff to attend conferences and training related to activities in the SOW. • include a description of anticipated destination(s) and purpose(s). • separately identify costs related to transporting clients. <p>NOTE:</p> <p>(1) Agency staff not funded with MCH funds but who contribute a portion of their time to the MCH Program may qualify for travel expenses paid for by MCH; however, prior MCH written approval must be obtained.</p> <p>(2) Travel rates cannot exceed those approved by the State (see Appendix O), unless prior written approval is obtained.</p> <p>(3) No out-of-state travel is allowed.</p>
	Training	<ul style="list-style-type: none"> • identify registration costs for Agency staff to attend conferences and training related to activities in the SOW as well as training needed to comply with MCH grant requirements (i.e., computer training). • include a description of subject matter. <p>NOTE:</p> <p>(1) Use prior years' experience to determine training needs.</p> <p>(2) Agency staff not funded with MCH funds but who contribute a portion of their time to the MCH Program may qualify for training expenses paid for by MCH; however, prior MCH written approval must be obtained.</p>

Continued on next page

Budget Justification Narrative Guidelines, Continued

How to construct a budget justification narrative (continued)

Operating Expenses, continued	Training	<p>(3) Prior written approval to <u>host</u> trainings, seminars, workshops, or conferences must be obtained from MCH prior to the training or conference. Submit to the Contract Manager not less than 60 days prior to the proposed training or seminar date(s) a written request that includes the following:</p> <ul style="list-style-type: none"> • the date(s) of the proposed training or seminar • location • subject matter of the training or seminar • draft of agenda • list of instructors • draft of instructional/educational materials • targeted audience • draft of publicity materials • total cost of proposed training/seminar <p>Prior approval is <u>not</u> required to host routine 40-hour domestic violence training for Grantee staff and volunteers.</p>
	Audit	<p>Indicate the proportionate amount of MCH funds used to pay for the annual single-agency audit.</p> <p>NOTE: If MCH funds are not used to pay for the mandatory single-agency audit, please include a statement acknowledging an audit will be performed with funds other than from MCH.</p>

Continued on next page

Budget Justification Narrative Guidelines, Continued

How to construct a budget justification narrative (continued)

Operating Expenses, continued	Other Operating Expenses	<ul style="list-style-type: none"> itemize all other operating expenses (i.e., space rental, office supplies, computer software, duplicating, postage, equipment/furniture with a unit cost of \$5,000 or less, household furnishings, maintenance agreements, media campaigns, etc.). indicate the approximate monthly expense in addition to the annual expense.
Capital Expenditures	Include a description, cost, and explanation of the necessity of equipment purchases costing \$5,000 or more per unit. (All equipment purchases costing less than \$5,000 per unit should be grouped together as equipment/furniture and included in the “Operating Expenses” line item.) Descriptions of modular office furniture must also include the total number of workstations, number of staff housed by the workstations, and square footage covered by the modular office furniture.	
Other Costs	<p>Identify subcontractors and consultants by name of firm, provide a description of the activities and functions that they will perform, and include a brief explanation of how these activities and functions relate to specific objectives in the SOW, and indicate the total amount of the subcontract/agreement.</p> <p>NOTE: Include within this line item any expenses associated with the services of a Grant Writer hired as a consultant.</p>	
Indirect Costs	<p>List the dollar amount requested (limited to 12 percent of the budgeted total wages including benefits) for indirect costs. This line item permits allocation of expenditures with multiple funding sources, such as the executive director, administrative staff, communications, and janitorial and other services.</p> <p>Costs claimed under individual line items or entirely from other funding sources shall not also be claimed under “Indirect Costs.”</p> <p>NOTE: Include costs for positions that are MCH-funded as 10 percent FTE or less.</p>	

NOTE: A minimum of five percent of the grant total must be budgeted throughout the grant term for evaluation activities. This is not necessarily five percent each year. In the budget justification narrative for each year, clearly identify which items will incur evaluation expenses and the amount of evaluation funding for each of those items.

Budget Detail Worksheets Guidelines

Overview The budget detail worksheets provide a “snapshot” view of the proposed expenses in an automated spreadsheet of the expenditures described in your budget justification narrative. The guidelines in this section provide the rules and requirements for constructing the summary listings that comprise the budget detail worksheets.

How to construct detail worksheets MCH requires agencies to use an automated budget spreadsheet created in Excel by MCH. The automated spreadsheet includes three detail worksheets used to list expenses for three of the line items (Personnel, Operating Expenses, and Other Costs). See [Appendix A](#) for a sample of detail worksheets.

Please refer to the Diskette Instructions section of this manual for detailed instructions regarding the use of the automated diskette when completing the detail worksheets. Construct the detail worksheets in accordance with the following guidelines:

Personnel	<p>From the budget justification narrative, list:</p> <ul style="list-style-type: none">• all positions funded by MCH.• the annual salary for each position, as if the position were full time. Include any anticipated salary increases.• the FTE percentage for each position that is funded by MCH.• the average benefit rate percentage or the actual benefit costs. <p>The spreadsheet will automatically calculate the total funding for each listed position and the total Personnel costs.</p> <p>NOTE: Salary savings are <u>not</u> allowable costs.</p>
Operating Expenses	From the budget justification narrative, list the amount of MCH funding requested for each expense.
Other Costs	<p>From the budget justification narrative, list:</p> <ul style="list-style-type: none">• the subcontractors and/or consultants by name.• the amount of MCH funding requested for each expense.

Continued on next page

Budget Detail Worksheets Guidelines, Continued

**Automated
calculations**

The spreadsheet will automatically perform calculations at the bottom of each detail worksheet, providing the total expenditures for each of these three line items.

Budget Summary Guidelines

Overview

The budget summary is an overview of your agency's intended budget of MCH funds. The budget summary is a one-page document that provides a summary of the total expenditures for each of the five line items (Personnel, Operating Expenses, Capital Expenditures, Other Costs, and Indirect Costs).

The guidelines in this section provide an overview of the information in the budget summary and how it is compiled.

How to construct the budget summary

As stated in the Budget Detail Worksheet Guidelines, MCH requires agencies to use an automated budget spreadsheet created in Excel by MCH. See [Appendix A](#) for a sample of a budget summary.

Please refer to the Diskette Instructions section of this manual for detailed instructions regarding the use of the automated diskette when completing the budget summary. Construct the budget summary in accordance with the following guidelines:

Personnel	Do not enter the information for this line item directly on the budget summary. This figure is automatically carried forward from the Personnel detail worksheet.
Operating Expenses	Do not enter the information for this line item directly on the budget summary. This figure is automatically carried forward from the Operating Expenses detail worksheet.
Capital Expenditures	From the budget justification narrative, enter the total of all expenses classified as capital expenditures.
Other Costs	Do not enter the information for this line item directly on the budget summary. This figure is automatically carried forward from the Other Costs detail worksheet.
Indirect Costs	From the budget justification narrative, enter the percentage of costs that your agency considers indirect. This percentage cannot exceed 12 percent of the total personnel costs indicated in the Personnel line item.

20% Match Requirement Guidelines

Overview

The 20% Match Requirement form is a one-page document where agencies indicate the amount of money used from sources other than MCH to support the domestic violence program.

The guidelines in this section provide an overview of the information the 20% Match Requirement form consists of and how it is compiled.

How to construct the 20% Match Requirement

As stated in the Detail Worksheet Guidelines, MCH requires agencies to use an automated budget spreadsheet created in Excel by MCH. See [Appendix A](#) for a sample 20% Match Requirement form.

Please refer to the Diskette Instructions section of this manual for detailed instructions regarding the use of the automated diskette when completing the 20% Match Requirement form. Construct the 20% Match Requirement form in accordance with the following guidelines:

Budget column	The budgeted figures for each of the five line items are automatically carried forward from the budget summary.
Agency Match Amount column	Identify by the five line items the amount of non-MCH funds the Agency will use in support of the domestic violence program. The funds do <u>not</u> need to be equally spread across all five line items.
% column	The percentages are automatically calculated. The total Agency match <u>must</u> be equal to or greater than 20 percent.
Match Source column	Identify, by name, the sources of the funds (other than MCH) that will be used to support the domestic violence program.

Budget Revisions

What is a budget revision?

Any change to existing, approved budget documents is a budget revision.

NOTE: The total expenditures on a revision can never exceed the total amount awarded for the fiscal year, including any augments.

When is a budget revision necessary?

A budget revision is necessary:

- any time during the fiscal year when transferring funds from one line item to another (e.g., decrease Personnel and increase Operating Expenses), and
 - no later than 60 calendar days after the end of the fiscal year to reconcile the budget line item amounts with the actual expenditures for each budget line item.
-

How to request a budget revision

Request a budget revision by submitting the following to the Contract Manager:

- a cover letter (signed in blue ink) that includes a summary of the proposed changes
- a revised budget summary
- the three revised detail worksheets
- the 20% Match Requirement form
- a complete revised budget justification narrative

NOTE: Budget revisions must be processed before MCH staff can process any related invoices. Therefore, please **do not** simultaneously submit budget revisions and affected invoices.

Where to send budget revision requests

Submit budget revision requests to the following address:

Department of Health Services
Maternal and Child Health Branch
Operations Section
Attn: "Your Contract Manager's Name"
714 P Street, Room 708
Sacramento, CA 95814

Continued on next page

Budget Revisions, Continued

**Budget
revision
approvals**

Budget revisions will be considered approved unless otherwise notified by the Contract Manager within 30 calendar days of receipt. The effective date of all revisions is July 1 of the fiscal year.

The Contract Manager will send an approval letter with the approved budget documents attached.

Amendments/Augments

What is an amendment?

An amendment is a formal change of any term(s) appearing in the grant.

Amendments are needed to:

- increase or decrease the total funding amount in the grant,
 - substantially alter the SOW, or
 - change the terms and conditions of the grant.
-

What is an augment?

An augment is an increase in the maximum amount payable stated in the grant. Existing grants are sometimes augmented as a result of a state initiated budget increase. Augments require an amendment.

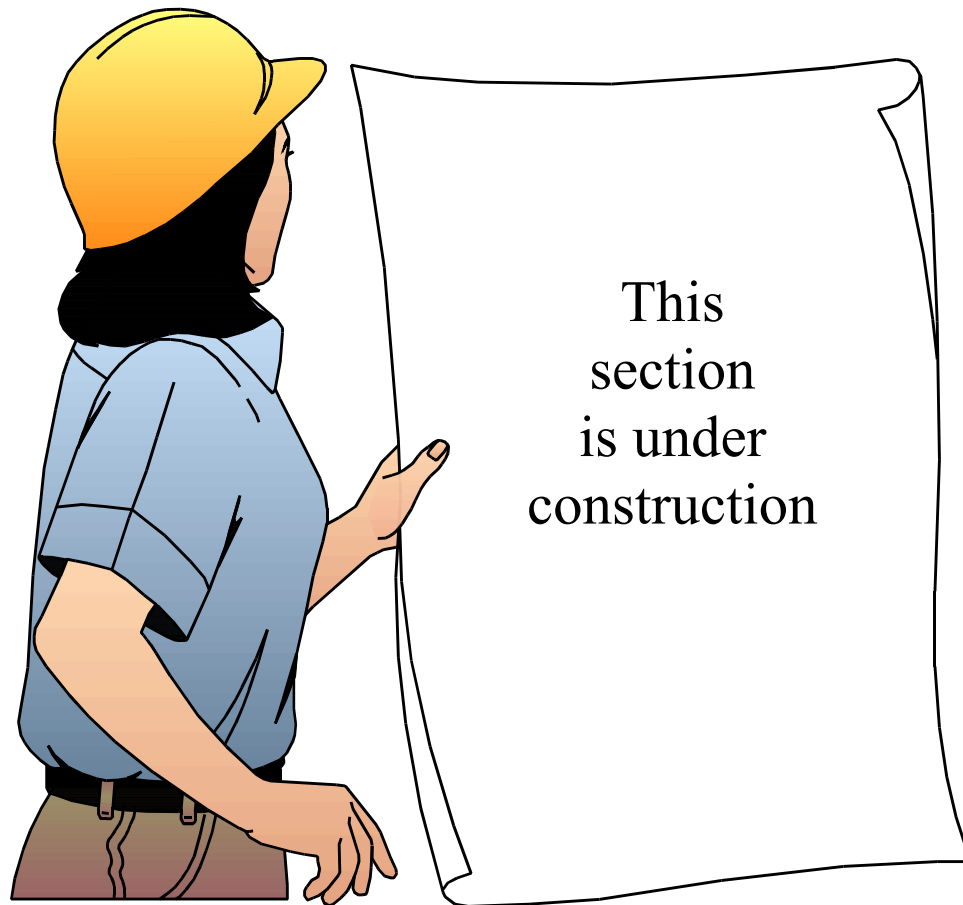
How augments are obtained

MCH will inform Grantees when additional funds/augments are available. Instructions for requesting the additional funds will be provided at that time. The instructions may require the following documentation:

- a revised SOW
- a cover letter describing the changes
- a revised budget justification narrative
- a revised budget summary with detail worksheets
- a revised 20% Match Requirement form

NOTE: Invoices based upon augments and amendment changes cannot be paid until the amendment is fully certified.

Scope of Work (SOW), Workplan, and Revisions to Workplan



Initial Grant/Augment Payments

What is an Initial Grant/Augment Payment?

An Initial Grant/Augment Payment is the release of funds (up to 25 percent) prior to the Grantee's incurring expenses.

When are Initial Grant/Augment Payments available?

MCH may allow an initial payment of 25 percent of the Grantee's fiscal year award at the onset of each fiscal year and 25 percent of an awarded augment.

How to receive an Initial Grant Payment

In order to receive an Initial Grant Payment, your agency must:

Step	Action
1	If applicable, submit prior year's fourth quarter invoice.
2	If applicable, provide sufficient expenditures on fourth quarter invoice to fully offset the prior year's initial payments. See below for more information regarding the offset.
3	When instructed to do so by MCH, submit to the address below a written request (signed in blue ink) on Agency letterhead.

How to receive an Initial Augment Payment

Initial Augment Payments will be available when MCH deems them appropriate and necessary. MCH will notify Grantees when they are available. Submit the written requests on Agency letterhead, signed in blue ink, in the form and manner prescribed by MCH to:

Department of Health Services
Maternal and Child Health Branch
Operations Section
Attn: "Your Contract Manager's Name"
714 P Street, Room 708
Sacramento, CA 95814

Continued on next page

Initial Grant/Augment Payments, Continued

**Offsetting
Initial
Payments**

Offsetting of Initial Grant/Augment Payment amounts will occur during the processing of the second, third and fourth quarter invoices by MCH staff as follows:

- second quarter invoice will be reduced by 25 percent of the initial payment to offset the Initial Grant/Augment Payments.
- third quarter invoice will be reduced by 50 percent of the initial payment to offset the Initial Grant/Augment Payments.
- fourth quarter invoice will be reduced by 25 percent of the initial payment to offset the Initial Grant/Augment Payments.

NOTE: DO NOT decrease the amount you are invoicing to reflect the offset amount; MCH staff will adjust the invoice amount.

Invoices

Reimbursement for expenses

MCH reimburses Agencies quarterly for **actual expenses** incurred in meeting the objectives as specified in the SOW. The amount of reimbursement cannot exceed amounts established under the approved line item budget.

MCH expects that goods and services invoiced will be delivered by fiscal year end. A purchase estimate, bid, or an internal request is not considered an obligation of funds. Expenses requiring prior written approval will be reimbursed only if approval has been granted.

Payment of invoices by MCH is not evidence of allowable costs. Allowable costs are determined by means of a State fiscal and program audit.

How to receive reimbursement

In order to receive reimbursement of expenses, your agency must submit the following within 60 calendar days after the close of the quarterly billing periods:

Cover Letter	<ul style="list-style-type: none">• printed on official Grantee letterhead• original signature in blue ink• include the grant number• identify the invoice number• identify the invoice period• state the total amount of invoice
Invoice	<ul style="list-style-type: none">• original signatures in blue ink by the Grantee's Executive Director and Fiscal Agent• invoice summary and detail worksheets

Refer to the Diskette Instructions section of this manual for detailed instructions regarding the use of the automated diskette when completing an invoice. A sample cover letter and a blank invoice are included in [Appendix E](#).

NOTE: Do **not** submit supporting documentation with your invoice. Agencies must retain, for audit purposes, all receipts as well as any written approvals from MCH (i.e., a travel expense waiver).

Continued on next page

Invoices, Continued

Reimbursement for Capital Expenditures

Invoices that display a Capital Expenditure and/or an Equipment/Furniture reimbursement request may require an Exhibit A-1 to obtain State Identification tags. See the Equipment and Inventory-Controlled Nonequipment Items section of these Policies and Procedures and [Appendix G](#) for a list of items that require tags.

Supplemental invoices

A supplemental invoice is a correction to a previously submitted invoice.

Supplemental invoices must be postmarked no later than 30 calendar days after the final invoice due date (see below).

Each supplemental invoice must:

- be identified as a “Supplemental Invoice”.
 - be numbered with an alphanumeric code that identifies the original invoice being corrected (i.e., Supplemental Invoice #1A). The number refers to the invoicing period being corrected; the alpha code sequentially increases with each additional supplemental invoice for a single invoicing period.
 - reflect only the amount of the supplemental billing. Do not indicate the original or adjusted amount of the previous invoice.
-

Final grant term invoice

A final invoice for the grant term must be identified as the “Final Invoice” to indicate that all payment obligations of the State under this grant have ceased and that no further payments are due or outstanding. This invoice may be either a fourth quarter or a supplemental invoice and must be postmarked as shown below:

Final Grant Term Invoice	Postmark Due Dates
For final invoice deadline	No later than 60 calendar days after termination date, expiration date, or fiscal year end, whichever is earlier.
For grants or amendments certified within 30 days before the final invoice due date	No later than 30 calendar days after the normal final invoice due date.
For grants or amendments certified after the final invoice due date	No later than 30 calendar days following the certification date.

NOTE: The Contractor’s Release Form ([Appendix F](#)) must be submitted with the final grant term invoice.

Continued on next page

Invoices, Continued

**Returned
invoices**

MCH is required to return, within five calendar days of receipt, invoices that cannot be processed for the reasons listed below:

- invoice period is not identified
 - invoices do not bear original signatures in blue ink
 - the Grantee name on the invoice does not exactly match the Grantee name on the certified grant
 - there is no cover letter
 - there is no invoice with the cover letter
 - whiteout/correction tape was used
 - invoices are not in the correct format
 - invoices do not include the grant number
-

**Reduced
invoices**

MCH will process only invoices based on the five budget line items, e.g., Personnel, Operating Expenses, Capital Expenditures, Other Costs, and Indirect Costs. Payment of invoice line items cannot exceed the remaining balance for the budget line items. Therefore, invoices may be reduced to the amount available in the line item or returned to the Grantee for correction.

Non-attendance at mandatory meetings and trainings may also result in an invoice reduction by an amount to be determined by MCH.

**Payment
withholds**

MCH may withhold up to 100 percent of any amount billed for services until the Grantee complies with the provisions of the grant (including all reporting and evaluation requirements), or any other written requirement made by MCH, at which time the amount withheld will be released for payment to the Grantee.

MCH will notify the Grantee in writing within 30 calendar days from the receipt of the invoice regarding the above action. The notice will include the percentage (if applicable), the effective date, and the duration of the withhold in addition to the reason for each action taken by the State. The Grantee will be afforded reasonable opportunity to discuss with the State any action taken.

Equipment and Inventory-Controlled Nonequipment Items

Purchase of equipment MCH allows the purchase of equipment. All items purchased by Grantees or its subcontractors, or purchased by MCH on behalf of Grantees, must be necessary and used toward fulfilling the terms of the grant.

Terminology The terms “Capital Expenditures” and “Inventory-Controlled Nonequipment Items” are defined in the Glossary. For ease in reading, this manual will identify them as “equipment”. Unless otherwise noted, the following policies and procedures apply to both Capital Expenditures and Inventory-Controlled Nonequipment Items.

Budget instructions Proposed equipment purchases must be included in the budget. See the chart below to determine which line item to use when identifying the proposed equipment purchase.

In line item titled...	Include these items:
Capital Expenditures	Equipment purchases with a unit cost of over \$5,000
Operating Expenses	<ul style="list-style-type: none">• Equipment items with a unit cost of \$5,000 or less• Household furnishings/appliances used in the emergency shelter or transitional housing units

Request and approval to purchase equipment Grantee requests permission to purchase equipment via either the Capital Expenditures or Operating Expenses line item on the initial budget or subsequent budget revisions with detailed equipment descriptions in the budget justification narrative.

MCH and Grantee staff negotiate all the terms and conditions of the budget, including equipment.

Approval authority to acquire equipment is granted via the approved initial budget or subsequent budget revisions.

Continued on next page

Equipment and Inventory-Controlled Nonequipment Items, Continued

Computer standards

All computers purchased with MCH funds must meet or exceed the following standards established by DHS:

Hardware	
Pentium CPU:	400 MHZ, Intel Pentium
Memory:	64 MB RAM
Hard Drive:	4.3 GB
Monitor:	17" SVGA
Video Card:	2 MB PCI Accelerator
Network Card:	PCI Ethernet 10/100
Multi-Media:	24x CD-ROM, Sound Card
Modem:	56K/V.90

Software	
Windows 98	
Microsoft Office Suite	
Norton Anti Virus	
Microsoft Outlook	
Microsoft Internet Explorer	
Adobe Acrobat Reader	
Viasoft Web Center	

NOTE: We strongly encourage grantees to upgrade existing computers to meet or exceed these standards.

Continued on next page

Equipment and Inventory-Controlled Nonequipment Items, Continued

Procurement for nonprofit organizations

Nonprofit organizations and their subcontractors (other nonprofit organizations, for-profit entities, or private vendors) must use their existing procurement systems for purchases. The procurement system must meet the following standards:

- maintain a code or standard of conduct that governs the performance of its officers, employees, or agents engaged in awarding procurement contracts. No employee, officer, or agent may participate in the selection, award, or administration of a procurement contract in which, to his or her knowledge, he or she has a financial interest.
 - conduct procurements in a manner that provides:
 - (a) to the maximum extent practical, open and free competition.
 - (b) avoidance of the purchasing of unnecessary or duplicate items.
 - (c) a clear and accurate description of the technical requirements of the goods to be procured.
 - (d) positive steps to utilize small, or veteran owned businesses.
-

Procurement for government agencies

Units of local government, public entities (including the University of California and California State University and auxiliary organizations/foundations thereof), and State or federal agencies whether primary Grantee or subcontractor, must use their existing procurement systems to secure all articles, supplies, equipment, and services related to purchases that are required in the performance of this grant.

Description of procurement system

Grantee and/or subcontractor must maintain a copy or narrative description of the procurement system, guidelines, rules, or regulations that will be used to make purchases under this grant. MCH reserves the right to request copies of these documents and to inspect the purchasing practices of the Grantee and/or a subcontractor at any time.

Continued on next page

Equipment and Inventory-Controlled Nonequipment Items, Continued

Reimbursement for equipment purchases

Reimbursement for equipment purchased with MCH funds may be obtained through an invoice. Grantee must submit the quarterly invoice including the cost of:

- each inventory-controlled nonequipment item (including tax) on the Operating Expenses detail worksheet which will forward to line item #2, “Operating Expenses” and/or
- equipment identified on the invoice summary in line item #3, “Capital Expenditures.”

Two copies of a completed Exhibit A-1 (please see the subsection “How to obtain tags (Exhibit A-1)” of this section) must be attached to all invoices that include reimbursement for any equipment purchase that requires a State I.D. tag.

For all purchases, the Grantee and/or subcontractor must maintain copies of the paid vendor invoices and documents for inspection or audit by the State. Do not submit this documentation to MCH unless instructed to do so.

For equipment costs to be charged to any particular fiscal year, the costs must have been obligated no later than June 30 of that fiscal year. In order for costs to be considered obligated, a purchase order must have been fully executed. A purchase estimate, bid, or an internal equipment request is not considered an obligation of funds.

For equipment purchased during the fiscal year but not received by the final invoice deadline, attach a copy of the fully executed purchase order to both copies of the Exhibit A-1 when submitting the invoice.

Continued on next page

Equipment and Inventory-Controlled Nonequipment Items, Continued

Denial of reimbursement

Reimbursement for equipment purchases may be denied for the following reasons:

- MCH approval was not obtained prior to expenditure of funds for equipment purchases.
- The required Exhibit A-1 is not submitted with the invoice. (Please see the subsection “How to obtain tags (Exhibit A-1)”).
- Expenditures on the invoice summary for Capital Expenditures or Operating Expenses exceed the amounts budgeted on the budget summary, line item #3 (and/or line item #2, if applicable). (In this case, the invoice will be reduced by the amount exceeded.)

Ownership of equipment

All equipment purchased in whole or in part with MCH funds or furnished by the State under the terms of this grant shall be considered the property of MCH. Title to the State equipment is not affected by incorporation or attachment to any property not owned by the State.

The Grantee and/or subcontractor must maintain and administer, according to State directives and sound business practices, a program for the proper use, maintenance, repair, protection, insurance and preservation of State equipment.

MCH will be under no obligation to pay the cost of restoration or rehabilitation of the Grantee’s and/or a subcontractor’s facility which may be affected by the removal of any State equipment.

Inventory

Grantees are responsible for identifying and maintaining a written inventory of all equipment purchased in whole or in part with MCH funds during the current and previous fiscal years.

Continued on next page

Equipment and Inventory-Controlled Nonequipment Items, Continued

Tagging for inventory purposes

Equipment having a unit cost of \$5,000 or more that was purchased with MCH funds must be identified with state-numbered tags. **Equipment with a unit cost of less than \$5,000 will be tagged as follows:**

- All items listed on [Appendix G](#) will receive a state-numbered tag.
- All items with a unit cost between \$500 and \$4999 not listed on [Appendix G](#) will receive a non-numbered tag.
- All items with a unit cost less than \$500 not listed on [Appendix G](#) will not be tagged.

Household furnishings/appliances purchased for use in a shelter or transitional housing unit are not considered equipment as defined in the Glossary and will not be tagged.

How to obtain tags (Exhibit A-1)

The Grantee must list, on an Exhibit A-1 (Current Contract Year Equipment Purchased with State Funds) (see [Appendix H](#)), all equipment purchased by the Grantee or its subcontractors with MCH funds that requires State tags. Please refer to the Diskette Instructions section of this manual for detailed instructions regarding the use of the automated diskette when completing an Exhibit A-1.

Attach two copies of the completed Exhibit A-1 to the quarterly invoice when requesting reimbursement for the purchase.

If the equipment was provided to the Grantee by MCH at State expense, the Exhibit A-1 is to be submitted to the MCH staff immediately upon receipt of the equipment.

MCH will forward equipment tags to the attention of the Grantee's contact person identified on the Exhibit A-1.

Fiscal year-end equipment purchases identified on the Exhibit A-1 prior to receipt of the equipment will not be issued identification tags at the time of the Exhibit A-1 submission. Once the equipment is received, contact the Contract Manager to report the serial numbers on the equipment. The Contract Manager will then forward property identification tags for those items.

Continued on next page

Equipment and Inventory-Controlled Nonequipment Items, Continued

Lost or destroyed tags	Identification tags that have been lost or destroyed must be replaced and can be obtained by contacting your Contract Manager.
Annual inventory (Exhibit A-2)	<p>With the final fiscal year invoice, the Grantee must annually provide a cumulative inventory of all equipment:</p> <ul style="list-style-type: none">• previously purchased by the Grantee and/or its subcontractors using MCH funds,• furnished by the State to the Grantee and/or its subcontractors at State expense. <p>Report the annual inventory on an Exhibit A-2 (Annual Inventory of State-Furnished Equipment) (see Appendix I). Please refer to the Diskette Instructions section of this manual for detailed instructions regarding the use of the automated diskette when completing an Exhibit A-2.</p> <p>Failure to submit an annual inventory may result in subsequent invoices being withheld for payment until MCH receives a satisfactory inventory.</p>
How to remove an item from the inventory	<p>Requests for disposition of any equipment purchased with MCH funds (by the Grantee or its subcontractors) and subsequent removal from the inventory and Exhibit A-2 must be submitted in writing to MCH.</p> <p>DO NOT DONATE OR DESTROY ANY ITEMS PRIOR TO RECEIPT OF MCH APPROVAL.</p> <p>Grantee requests to dispose of equipment must include the following information:</p> <ul style="list-style-type: none">• item description• model number and serial number, if available• State I.D. tag number (indicate if blank tag)• location• present condition• proposed method of disposition• reason for removal from inventory• a description of the steps taken to prevent the recurrence of loss, theft, or destruction if item has been lost, stolen, or damaged beyond repair• a copy of the police report if item was stolen

Continued on next page

Equipment and Inventory-Controlled Nonequipment Items,

Continued

Repair and/or replacement of equipment

If equipment purchased in whole or in part with MCH funds or provided by MCH is:

- damaged while in the possession of the Grantee or its subcontractors, the State requires that this equipment be repaired at no cost to the State. Grant funds may not be used for this purpose. If equipment is damaged beyond repair, refer to “How to remove an item from the inventory” subsection of this section.
 - lost or stolen while in the possession of the Grantee or its subcontractors, the State will require that equipment be replaced with comparable equipment at no cost to the State. Grant funds may not be used for this purpose.
-

Maintenance of equipment

Procuring maintenance agreements for equipment is the responsibility of the Grantee and/or its subcontractors.

Maintenance agreement costs are charged to the Operating Expenses line item.

What happens to equipment at the end of the grant?

At the end of the grant, all equipment purchased with State funds or provided by the State will be moved, at State expense, to a location designated by MCH in accordance with instructions issued by MCH.

Subcontracts and Consultant Contracts

Terminology	For ease in reading, this manual will use the term “subcontracts” for both subcontracts and consultant contracts. Unless otherwise noted, the following policies and procedures apply to both subcontracts and consultant contracts.
When are subcontracts allowed?	<p>Agencies may enter into subcontract agreements for services outlined in the SOW. The term of a subcontract may be more than one fiscal year.</p> <p>A subcontract must relate to only one prime agreement (grant number). Subcontract funds cannot be co-mingled between existing MCH agreements. Funds may be directed from multiple Grantees to a single subcontractor but each Grantee providing funds must have a separate agreement with the subcontractor.</p> <p>Subcontracts may not be reassigned without prior written approval by MCH.</p> <p>NOTE: Agreements with Grant Writers are allowed and should be handled in the same manner as a subcontract.</p>
Subcontract requirements	<p>All subcontracts must include provision(s) requiring compliance with the terms and conditions stated in the prime agreement between the Grantee and MCH.</p> <p>A subcontract agreement consists of:</p> <ul style="list-style-type: none">• Subcontractor/Grantee Agreement• Proposed SOW that directly relates to the primary grant• Proposed budget summary and detail worksheets• Proposed budget justification narrative <p>The subcontractor’s SOW and budget documents (excluding the 20% Match Requirement Form) must be in the format established by MCH.</p>

Continued on next page

Subcontracts and Consultant Contracts, Continued

Approval of subcontract

Prior written approval from MCH is required for subcontracts that exceed \$5,000 for any one fiscal year of the grant term. Any funds expended prior to obtaining MCH written approval may not be reimbursable in the event that MCH subsequently disapproves the proposed subcontract.

Multiple agreements with a single subcontractor where the aggregate total exceeds \$5,000 for each fiscal year must be approved by MCH before any work is performed.

Subcontractor's point of contact

Unless otherwise agreed to in writing by MCH, the Grantee will be the subcontractor's sole point of contact for all matters related to the performance and payment under this grant.

Grantee responsibility

The Grantee remains responsible for all requirements under this grant even though the requirements are carried out through a subcontract.

Subcontract term

The term of the subcontract must be documented in the subcontract language. The beginning date of the subcontract term is the same as, or subsequent to, the beginning date of the MCH grant. The ending date of the subcontract term is the same as, or prior to, the ending date of the MCH grant.

Subcontract maximum amount payable

The maximum amount payable to the subcontractor must be specified in the subcontract.

How to obtain MCH approval for a subcontract

If Grantee intends to use a subcontractor to meet the objectives in the MCH grant, complete the following steps:

Step	Responsible Party	Activity
1	Grantee	Submit to MCH a notification of intent to subcontract via the Other Costs detail worksheet of the budget.
2	MCH and Grantee	Negotiations are conducted for the MCH grant, including the proposed subcontract.

Continued on next page

Subcontracts and Consultant Contracts, Continued

**How to obtain
MCH
approval for a
subcontract
(continued)**

Step	Responsible Party	Activity
3	MCH	Final approval of the MCH grant is sent to the Grantee. This does not imply approval of the subcontract. Approval of the subcontract is dependent upon submission of the Subcontract Agreement Transmittal package (see Appendix J).
4	Grantee	Submit to MCH a complete Subcontract Agreement Transmittal package. Please refer to the Diskette Instructions section of this manual for detailed instructions regarding the use of the automated diskette when completing a Subcontract Agreement Transmittal package.
5	MCH and Grantee	Negotiate the subcontract agreement.
6	MCH	Review and provide written approval or denial of subcontract.

Audits and On-Site Compliance Reviews

Purpose of audits and reviews	The purpose of audits and on-site compliance reviews is to ensure compliance with the provisions of the MCH grant's SOW, budget, and applicable State law and regulations.
When can an audit be performed?	Authorized State representatives have the right to monitor, audit, or perform on-site compliance reviews at all reasonable times during the normal operating hours of the Grantee and subcontractors.
Criteria for audits and reviews	<p>Audits or on-site compliance reviews will be based on criteria and procedures established by MCH and the State. These will be in the form of regulations, statutes, policy letters, program policies and procedures, the MCH grant's SOW and budget, and any other official publication or correspondence from the State.</p> <p>The Grantee and its subcontractors will maintain books, records, documents, and other evidence, and follow accounting procedures, and practices, sufficient to reflect properly all direct and indirect costs by funding source of whatever nature claimed to have been incurred in the performance of this MCH grant. (See Appendix K for a detailed list of agency documentation requirements.)</p>
Grantee documentation	<p>The Grantee will preserve and make available all records and supporting documentation for:</p> <ul style="list-style-type: none">• a period of three years from the date of final payment under this MCH grant, or• a period of three years from the date of resulting final judgement if this MCH grant is completely or partially terminated, or• the regular three-year period or until the completion of the action and resolution of all issues (whichever is later) if any litigation, claim, negotiation, audit/on-site review, or other action involving the records has been started before the expiration of the three-year period, or• the period of time stated in any applicable statute, or• the period of time stated in any other clause of this MCH grant.

Continued on next page

Audits and On-Site Compliance Reviews, Continued

Procedure for audits and reviews	<p>Audits or on-site compliance reviews may include the following activities:</p> <ul style="list-style-type: none">• Entrance conference• Onsite review• Exit conference• Report of findings• Establishment of DHS Accounts Receivable when audit exceptions warrant repayment• Corrective action plan• Monitoring of corrective action plan• Closure of the correction action <p>The Grantee or subcontractor must provide all reasonable facilities, accommodations and assistance to State representatives for their safety and convenience in the inspection, review and monitoring of program operations.</p>
Single Audit Act of 1984	<p>Grantee agrees to obtain an annual single, organization-wide financial audit. The MCH proportionate cost of the single audit (up to \$3,000 per fiscal year) may be charged to the MCH grant.</p>
Nonprofit entity annual audit	<p>The audit shall be conducted in accordance with the requirements specified in the Federal Office of Management and Budget (OMB) Circular A-133, "Audits of Institutions of Higher Education and Other Nonprofit Organizations." See grant agreement's Exhibit A(S) for more information.</p>
Governmental entity annual audit	<p>The audit shall be conducted in accordance with Public Law 98-502 and OMB Circular A-128. Auditors performing the audit must understand that the State has full access to the working papers of the audit.</p>

Reporting Requirements

Policy

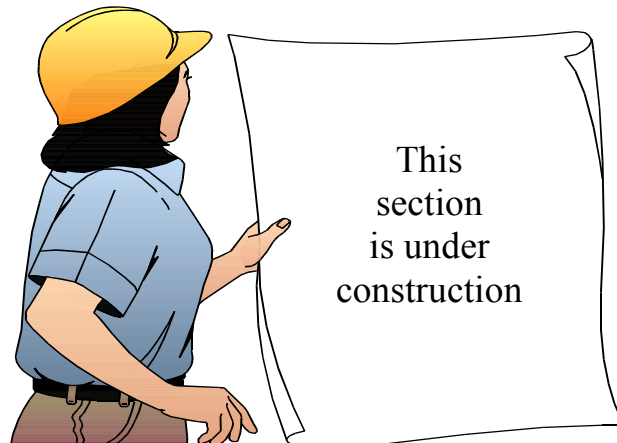
MCH expects that grant deliverables will be completed and reported. If the Grantee fails to submit grant deliverables by the specified due date, subsequent invoices may be returned to the Grantee without payment. Returned invoices may be resubmitted for payment after the required deliverable is submitted.

Report types

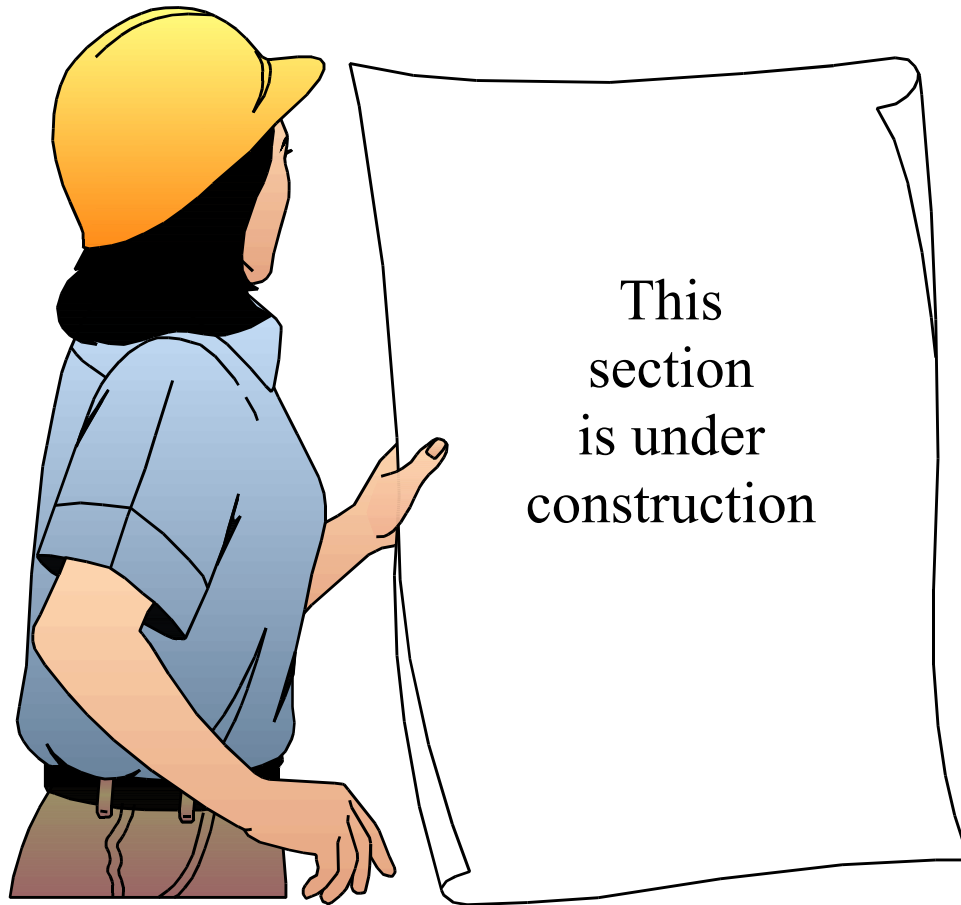
There are three types of required reports:

- (1) Program Reports
 - (2) Data Reports
 - (3) Evaluation Reports
-

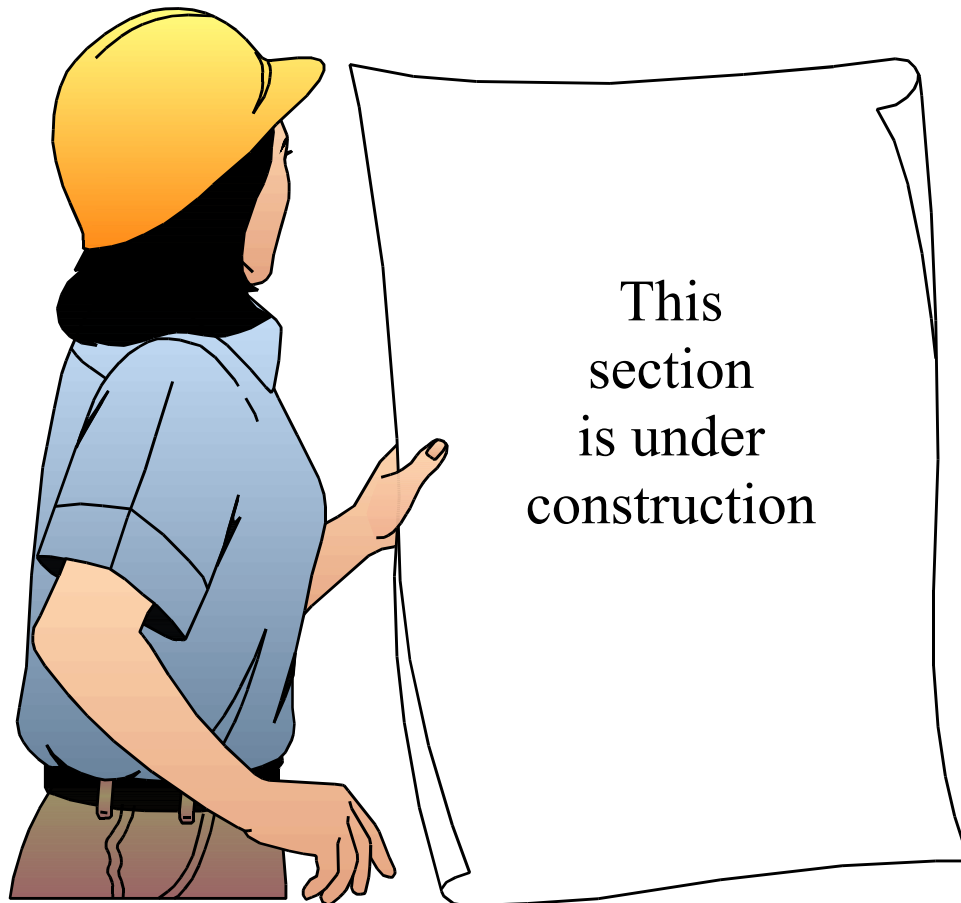
Reporting of evaluation



Program Reports



Data Reports



Publications and Copyright Data

Approval

All reports, publications, brochures, letters of interest, or other materials that will be distributed to the public and are produced and/or paid for with MCH funds must be approved by the DHS Director prior to publication. Any materials currently in publication but not previously approved by MCH need to be approved prior to reprinting and further publication.

Sixty calendar days prior to publication or reprinting of all reports, publications, brochures, letters of interest or other materials to be distributed, Grantee must send the following to the Contract Manager:

- a cover letter explaining the purpose of the publication and requesting approval
- a copy of the proposed publication/material

Written approval/disapproval for publication or reprinting the documents will be provided.

Publication credit

Journal articles, public reports or publications regarding any work performed with funds from this MCH grant must include a statement giving credit for support. This statement must also be included on any curricula, educational materials, brochures, programs, program documentation, videotapes, and/or other audio-visual materials resulting from this MCH grant.

Recommended statement/credit :

"This project was supported by funds received from the State of California, Department of Health Services, Maternal and Child Health Branch."

Include the above or a similar statement identifying funding support as follows:

In publications such as...	Include the funding support statement on the...
Public reports or publications	title page.
Journal articles	first page of the article, in small print.

Continued on next page

Publications and Copyright Data, Continued

**Copyright
data**

The State owns the copyright on all materials developed and produced with MCH funds. Any material produced must be approved by MCH prior to its use. For additional requirements, please refer to the grant agreement's exhibit titled, "Copyright and Ownership of Materials and Use of Reports/Data."

Miscellaneous

Staff qualifications	Shelter-based services Grantees shall ensure that appropriate staff and volunteers meet the definition of “domestic violence counselor: as defined in the California Evidence Code, Section 1037.1(a). Grantees shall provide the minimum 40-hour training specified under Section 1037(a)(1) or Section 1037.1(a)(2) for those staff and volunteers who do not meet the definition under Section 1037.1(a)(1).
Grantees’ use of profits	<p>Profits generated from the use of MCH funds must be used to further those activities encompassed within the purpose of the Battered Womens Protection Act. Do not include activities resulting from the use of these profits in the MCH SOW.</p> <p>MCH may require an annual report in which Grantees must identify profits and how those profits were used.</p>
Fundraising	<p>Grantees may use up to \$1,500 of MCH funds each fiscal year for fundraising activities. All expenses associated with a fundraising event (i.e., room rent) should be included in this item.</p> <p>The use of any funds raised must be consistent with the purpose of the Battered Womens Protection Act.</p> <p>MCH may require an annual report in which Grantees must identify funds raised and how those funds were used.</p> <p>NOTE: Additional MCH funds (other than the \$1,500 allowed for fundraising activities) may be applied toward the services of a Grant Writer. Include the Grant Writer expenses in the Subcontract/Consultant detail of the budget. Refer to the Subcontracts and Consultant Contracts section of this manual for complete instructions regarding the submission and approval of subcontractor and consultant agreements.</p>
Non-assignability transfer	Without prior written consent, these grants are not assignable, assumable, or transferable either in whole or in part to any entity other than that which applied for and received the initial grant award.

Continued on next page

Miscellaneous, Continued

Prohibition of oral agreements	All terms and conditions are mandated by the certified grant. All oral requests for grant modifications must be followed up in writing before final approval is given. <u>No</u> proposed change is valid or effective unless the State gives written approval.
---------------------------------------	---

Returned documents	<p>Documents and correspondence may be returned to the Grantee to correct for any of the following reasons:</p> <ul style="list-style-type: none">• Grant number missing• Grant number incorrect• Grant number illegible• Incorrect format• Incorrect number of copies• Document unsigned or original signed in ink other than blue
---------------------------	--

Notification of changes	<p>The Grantee shall immediately notify the State in writing (see Appendix L) of any change in:</p> <ul style="list-style-type: none">• Grantee address(es)• Grantee phone number(s)• Name(s) of staff occupying the positions identified on Appendix L (Executive Director, Program/Project Director and Contact, Fiscal Officer, and Person Authorized to Sign for Agency) <p>In addition to the completion of Appendix L, an address change requires written notification to the State. The notification must be on Grantee's letterhead and list both the new <u>and</u> former address.</p> <p>An Agency name change requires special procedures. Contact your Contract Manager immediately.</p>
--------------------------------	---

Glossary

Accompaniment	Shelter staff or volunteers who escort battered women to appointments. Accompaniment does not imply the shelter representative is a formal intermediary, but rather provides physical and emotional support for the battered woman.
Actual Cost	The actual price paid for bona fide purchase of goods and services pursuant to the conduct of the grant. These costs must be supported by documentation.
Advocacy	Direct assistance by interceding with governmental or medical programs on behalf of the battered woman. The purpose is to ensure the battered woman receives the benefits and services to which she is entitled and that her rights, guaranteed by law, are protected and enforced. Advocacy involves a formal recognition by the governmental or medical program that the shelter representative is speaking on behalf of the battered woman, whether on the telephone or in person.
Amendment	A formal change to the terms of the grant necessary when the maximum amount payable is increased.
Battered Woman Assessment	The evaluation of the battered woman in shelter over an extended period of time to determine her need for services.
BWSP	The abbreviation for Battered Women's Shelter Program.
Budget Revision	<p>A change to the budget line items that does <u>not</u> increase or decrease the total budget amount. A budget revision is necessary when:</p> <ul style="list-style-type: none">• transferring funds from one line item to another but there is no increase in the maximum amount payable, and/or• reconciling expenditures at fiscal year end.

Continued on next page

Glossary, Continued

Capital Expenditures	Items with a unit cost of \$5,000 or more and a useful life expectancy of four or more years, including telecommunications and EDP/ADP software.
Case Management	The development of case plans for the evaluation, treatment, and/or care of battered women who are unable to arrange for services on their own behalf; assess the individual's needs and coordinate the delivery of needed services; ensure that services are obtained in accordance with the case plan; and follow up and monitor progress to ensure that services are having an impact on the problem. This includes coordination and assurance in health services, legal services, social services, and victim services.
Certified	When used in regard to: <ul style="list-style-type: none">• financial statements, shall mean examined and reported upon with an opinion expressed by an independent public or certified public accountant• grants or amendments, shall mean a fully executed and legally binding document
Client	The battered victim and child(ren).
Contract Manager (CM)	Acts as the administrative fiscal and legal agent for the agreement between the Grantee and the State. The CM is responsible for providing technical assistance on all fiscal, administrative and grant compliance issues.

Continued on next page

Glossary, Continued

Counseling

Various counseling services provided to the clients:

- Battered Woman (Professional) – provides individual treatment for a woman who has been physically abused, including therapeutic interventions for individuals who have been battered;
 - Battered Woman (Peer) – performed by a person whose profession and education are not those of a professional counselor, usually a formerly battered woman;
 - Child – provided to an individual who is under age 21 and the offspring of a battered woman;
 - Family – provided to the immediate and extended family members who are affected by the batterer, most often for the battered woman and her child(ren);
 - Group – counseling given to more than one battered woman at one time;
 - Other – counseling that is other than individual, family, friends, or group treatment.
-

Criminal Justice Accompani- ment

Escorting to police stations, courts, hearings, and other places where the administration or enforcement of justice occurs.

Crisis Assistance

Immediate help for a woman who perceives she is in an acute life-threatening situation. This includes telephone counseling and referrals, as well as direct assistance to defuse the situation and ensure the woman's safety and community response.

DHS

The abbreviation for Department of Health Services.

Duplicate Count

Counting a single client multiple times at time of entry (and in some cases at time of exit).

Continued on next page

Glossary, Continued

Education

Formal program addressing

- Domestic violence in which knowledge is shared about various aspects of domestic violence. This may include but is not limited to: a program that covers the phases in the cycle of violence (i.e., build-up, stand-over, explosion, remorse, pursuit, and honeymoon) and in which skills required for breaking that cycle are practiced and developed, or a program that covers the essential ingredients of a safety plan (i.e., escape routes, choice of site, survival kit, savings, etc.).
 - Academics to provide an education to children, adolescents, and adults through a graded system of instruction that focuses on basic skills such as reading, writing, and mathematics. It may also include a broader curriculum of study that terminates in preparation for specific employment opportunities or progresses through the study of specific fields or practices.
 - Any other form of education not mentioned above. This can include but is not limited to: information on where to take classes that can lead to employment opportunities or enhanced job skills, how to apply for financial aid for schooling, and other topics helpful to battered women seeking to return to independent living.
-

Equipment

Office furniture and office machines with a cost of \$5,000 or less per unit.

Exhibits

The attachments referenced in the grant.

Follow up Services

Involves telephone or in-person contact with the client, by case managers or other shelter personnel, monitoring progress to ensure the client is safe. Follow up also provides an opportunity to identify additional needs the client has that can be met by the shelter program or others.

FTE

The abbreviation for “Full-Time-Equivalent.” One FTE means a standard eight-hour work day; 40 hours per week; or 2,080 hours per year.

Continued on next page

Glossary, Continued

Good Cause	<p>Circumstances that are beyond the control of the Grantee and includes but is not limited to:</p> <ul style="list-style-type: none">• damage to or destruction of the Grantee's business office and/or records by a natural disaster, including fire, flood, or earthquake or when circumstances involving such disaster have substantially delayed Grantee's operations.• theft, sabotage, or other deliberate, willful acts by an employee that have been reported to the appropriate law enforcement or fire agency when applicable.• other circumstances that are clearly beyond the control of the Grantee that have been reported to the appropriate law enforcement or fire agency when applicable.• failure by the State to fully execute the Grantee's agreement later than six months after the agreement's start date.• untimely illness or absence of any employee trained to prepare invoices, reports, grant amendments, or budget revisions. Such circumstances shall be reviewed and approved on a case-by-case basis by MCH management.• failure by the State to fully execute amendment(s) before the grant's termination, expiration date, or fiscal year end.
Grant	<p>An agreement between MCH and the Grantee.</p>
Grantee	<p>A local agency, individual, partnership, clinic, group, association, corporation, institution of higher learning (whether public or private) and includes any officer, director, agent, or employee thereof.</p>
Health Accompaniment	<p>Escorting the battered woman to services that address public health, acute and chronic physical needs, and mental health.</p>

Continued on next page

Glossary, Continued

**Health
Advocacy**

Advocacy in receiving:

- Emergency Room services for urgent and emergent injuries and/or conditions, including evidence taking;
 - Services for other than emergency or mental health needs (e.g., to attend to non-urgent acute and chronic physical health and dental needs);
 - Care and counseling programs to provide preventive, diagnostic and treatment services to help the battered woman achieve and maintain a state of emotional well-being, personal empowerment, introspection, and problem solving assistance utilizing a variety of modalities and approaches, and medication, as needed.
-

**Initial Grant/
Augment
Payment**

A release of MCH funds (up to 25 percent) prior to the Grantee's incurring expenses.

**Inventory-
Controlled
Nonequipment
Items**

See Equipment. Home furnishings used in shelters, regardless of cost, will not be inventoried by the State. However, normal inventory practices observed by your agency apply.

**Legal
Accompani-
ment**

See Criminal Justice Accompaniment.

**Legal
Advocacy**

Advocacy in:

- Police stations, courts, hearings, and other places where the administration of justice or the enforcement of justice occurs;
 - Getting or retaining immediate charge and control over one's child(ren), removing the child(ren) from the charge and control of the batterer;
 - Court for purposes other than criminal and for custody and temporary restraining orders (e.g., family and civil court where the battered woman may seek child support or other legal redress from the batterer);
 - Obtaining a temporary restraining order.
-

Continued on next page

Glossary, Continued

Legal Assistance	The furnishing of legal advice and guidance, advising individuals of their rights and possible solutions, preparing legal documents, preparing clients to represent themselves in court or at hearings.
MCH	The abbreviation for the Maternal and Child Health Branch.
OCJP	The abbreviation for the Office of Criminal Justice Planning.
Primary Client	The person who contacted the shelter as a result of being abused.
Program Consultant (PC)	Assists Grantees with understanding state reporting requirements and to provide individual consultation on program development and implementation.
Response Team	The joining of police and employees or volunteers of a shelter in responding to a report of domestic violence, thereby seeking to protect the rights and welfare of the battered woman.
RFA	The abbreviation for Request for Application. This is the document sent by MCH that states how and when to apply for funds.
Satisfactory	When used in regard to program reports, shall mean that complete and adequate information has been provided to the State and allows the State to assess the Grantee's progress in meeting goals and objectives in the SOW.

Continued on next page

Glossary, Continued

Secondary Client

Child(ren) of the Primary Client.

Shelter Day

A day of service in an emergency shelter, taking place during some portion of a 24-hour period, usually including the use of a bed for an overnight stay; only one “day” per client can be counted per 24-hour period.

Social Services Accompaniment

Escorting to programs including General Assistance; Medi-Cal; CalWorks; Women, Infants and Children Supplemental Food Program; Food Stamps; Section 8 Housing; and other programs to assist the battered woman’s living situation.

Social Services Advocacy

Interceding with governmental or medical programs on behalf of the battered woman to ensure that the battered woman receives the benefits and social services to which she is entitled and that her rights, guaranteed by law, are protected and enforced. These services include but are not limited to: General Assistance; Medi-Cal; CalWorks; Women, Infants and Children Supplemental Food Program; Food Stamps; Section 8 Housing; and other programs to assist the battered woman’s living situation.

Temporary Restraining Order (TRO)

An emergency writ from the court that prohibits harassment or abusive behavior on the part of the abuser only until the court can set a hearing to review the evidence and determine what permanent relief is appropriate.

Transitional Housing Day

A day of service in transitional housing, taking place during a portion of a 24-hour period, usually including the use of a bed for an overnight stay. Only one “day” per client can be counted per 24-hour period.

Continued on next page

Glossary, Continued

Unduplicated Count	Counting a client only once for each type of service received during an entire fiscal year.
---------------------------	---

Workplan	<p>An Exhibit in the grant containing the following components:</p> <ul style="list-style-type: none">• goals which are overall statements of the mission and purpose of the program or an individual program component, and objectives which are quantitative statements of what should be achieved in order to meet the overall program goal. Objectives must be clearly stated, measurable, time limited, and achievable. Additionally, the SOW contains activities, timelines and outcomes.
-----------------	---

This page intentionally left blank.

Diskette Instructions

This page intentionally left blank.

Budget Diskette Instructions

About the file Diskettes provided by MCH contain the Budget Summary, three detail worksheets, and the 20% Match Requirement form in one Excel file.

Use this file when creating the initial budget and also when revising and/or amending the budget.

Structure of the worksheet The worksheet consists of six pages.

Page 1: Header information (e.g., Grantee name, grant number, etc.) that prints on all subsequent pages is entered here.

Pages 2 through 5: The four budget pages (three detail worksheets and the budget summary) where the amounts budgeted are entered. These pages have the following four columns that reflect budgeted amounts:

1	Initial/ Current	This column is used to: <ul style="list-style-type: none">• establish the initial budget, or• identify the most recent approved budget amounts when proposing a revision.
2	Revision	This column is used to identify the entire new, revised budget when changes are made to the most recently approved budget.
3	Augment	Use this column to indicate additional funding as the result of an augment.
4	Total Funding	This column is automatically calculated to identify the total funding for each line item.

Page 6: The 20% Match Requirement form that reflects the amount of non-MCH funding that agencies will use supporting the domestic violence program.

Key points to remember when working in the file Following are some key points to remember when working in the file:

- All cells (i.e., boxes) which allow data input have **bold** lines on at least three sides. All other numbers are calculated by formulas embedded in the worksheet cells. To prevent accidental entries, these cells have been **protected**. Please contact your Contract Manager before overriding any protection commands on MCH spreadsheets.

Continued on next page

This page intentionally left blank.

Budget Diskette Instructions, Continued

Key points to remember when working in the file (continued)

- The detail worksheets accommodate dollars and cents (i.e., \$23,456.78) to eliminate most rounding errors.
- When proposing a budget revision, the **entire** new budget (not just the changes) must be entered in the Revision column.
- The Budget Summary expenditures for Personnel, Operating Expenses, and Other Costs are automatically forwarded from the entries made on the three detail worksheets. The totals from each detail worksheet are rounded to whole dollars when forwarded.
- The Total Funding budget figures from the Budget Summary are automatically forwarded to the 20% Match Requirement form.
- The Excel print command will automatically print the five pages of budget forms (Budget Summary, Personnel Detail Worksheet, Operating Expenses Detail Worksheet, Other Costs Detail Worksheet, and 20% Match Requirement form). Page 1, containing the header information, does not print.
- After completing and reviewing the entire document, **save the file with a new, unique name**. Saving the file with a new name will allow you to have not only the completed budget forms, but also the original blank forms for future use.

NOTE: After printing the five pages of budget forms, place the Budget Summary page on top of the package.

Continued on next page

The information entered here will automatically be forwarded to each page of the worksheet.

Grantee Name:	
Grant Number:	
Year:	
Budget Period:	
Amendment/Revision #:	

Identify the year (1, 2, 3, etc.) of a multi-year agreement to which this budget applies.

Specify the period of time to which this budget applies (i.e., 07/01/00 through 06/30/01); each fiscal year requires a separate budget.

Indicate the amendment or revision number, if applicable.

Amendments affect the terms of the agreement and are assigned sequential numbers throughout the term of the agreement. The letter "A" precedes the appropriate amendment number (e.g., A01 for the first amendment).

Revisions affect the budget in only one fiscal year; they are numbered sequentially during the fiscal year, beginning with the number 1 for the first revision in each fiscal year. The letter "R" precedes the appropriate revision number (e.g., R01 for the first budget revision).

Scroll down to complete the three detail worksheets, the Budget Summary, and the 20% Match Requirement form

Budget Diskette Instructions, Continued

Header information

The information entered on the page titled “Header Information” will automatically be forwarded to all subsequent pages of the budget documents. Following are the directions for completion of the header information:

Item	Spreadsheet Cell Reference	Information to Enter
Grantee Name	D4	Full name of Grantee.
Grant Number	D5	Complete grant number.
Year	D6	For multi-year agreements, the year to which this budget applies (e.g., if this budget pertains to year number 2 of a three-year agreement, enter the number 2).
Budget Period	D7	The period of time to which this budget applies (i.e., 07/01/00 through 06/30/01). The budget period <u>cannot</u> exceed one fiscal year; each fiscal year requires a separate budget.
Amendment/ Revision #	D8	<p>If applicable, the amendment or revision number for this budget.</p> <ul style="list-style-type: none">• Amendment numbers are preceded by the letter “A”• Revision numbers are preceded by the letter “R” <p>See next page for additional information regarding the numbering of amendments and revisions.</p>

Continued on next page

This page intentionally left blank.

Budget Diskette Instructions, Continued

**Amendment
number**

Amendments affect the terms of the agreement and are assigned sequential numbers throughout the agreement's term. The letter "A" must precede the amendment number (e.g., A01 represents the first amendment).

When preparing a budget amendment, to determine the new amendment number:

- refer to the most recent certified agreement (the amendment number is identified on the first line of the front page of the agreement), and
- increase the last certified amendment number by one.

NOTE: The initial agreement does not have an amendment number. The first amendment is numbered A01.

**Revision
number**

Revisions affect a single fiscal year's budget. They are assigned sequential numbers during the fiscal year, beginning with the number 1 for the first revision in each fiscal year. The letter "R" must precede the revision number (e.g., R01 for the first revision).

Continued on next page

PERSONNEL DETAIL WORKSHEET

Year:
Budget Period:
Amendment/Revision #:

	STAFFING	ANNUAL SALARY	INITIAL/CURRENT		REVISION		AUGMENT		TOTAL FUNDING	
			% FTE	BUDGETED	% FTE	AMOUNT BUDGETED	% FTE	AMOUNT BUDGETED	% FTE	AMOUNT BUDGETED
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
		TOTAL WAGES								
		AVG BENEFIT RATE (30% MAX)								
		TOTAL BENEFITS								
		TOTAL PERSONNEL COSTS								

Budget Diskette Instructions, Continued

Personnel Detail Worksheet

Following are the directions for completion of the Personnel Detail Worksheet:

Column Title	Information to Enter	
Staffing	The classification/job title for each staff performing MCH-funded activities identified in the SOW.	
Annual Salary	The full-time annual salary for each classification listed in the Staffing column.	
Initial/Current		
% FTE	For initial budgets:	The total percentage of FTE to be allocated to MCH-funded activities for each classification listed in the Staffing column.
	When revising/amending budgets:	<p>The total percentage of FTE that was reflected on the last approved budget for each classification listed in the Staffing column.</p> <p>NOTE: If the annual salary increases with the revision, you must ensure that the last approved budgeted amount is reflected; entering the previous FTE percentage will not correctly calculate the new amount of funding. A formula to determine an "adjusted" FTE percentage must be entered. The formula divides the previously approved Amount Budgeted by the <u>new</u> Annual Salary.</p> <p>For example:</p> <ul style="list-style-type: none"> • Old Annual Salary = \$15,000 • Old FTE = 25% • Old Amount Budgeted = \$3,750 • New Annual Salary = \$20,000 <p>Excel formula to enter in this column would be:</p> <p style="text-align: center;">=3750/20000</p> <p>The result would be an FTE of 18.75%.</p>
Amount Budgeted	No entry needed. Automatically calculated by multiplying the Annual Salary by the Initial/Current % FTE.	

Continued on next page

This page intentionally left blank.

Budget Diskette Instructions, Continued

Personnel Detail Worksheet (continued)

Column Title	Information to Enter
Revision	
% FTE	The <u>new</u> , revised total percentage of FTE to be allocated to MCH-funded activities for each classification listed in the Staffing column. For classifications with <u>no</u> FTE change from the initial/current budget, enter the initial/current FTE figure.
Amount Budgeted	No entry needed. Automatically calculated by multiplying the Annual Salary by the Revision % FTE.
Augment	
% FTE	The total percentage of FTE to be allocated to augmented activities for each classification listed in the Staffing column.
Amount Budgeted	No entry needed. Automatically calculated by multiplying the Annual Salary by the Augment % FTE.
Total Funding	
% FTE	No entry needed. Automatically calculated by dividing the Total Funding Amount Budgeted by the Total Funding % FTE.
Amount Budgeted	No entry needed. Automatically calculated in the following manner: <ul style="list-style-type: none"> • If no revision is proposed: Initial/Current Amount Budgeted + Augment Amount Budgeted • If a revision is proposed: Revision Amount budgeted + Augment Amount Budgeted

Continued on next page

This page intentionally left blank.

Budget Diskette Instructions, Continued

Benefit rate MCH allows a maximum of 30 percent of Total Wages to be used for benefits.

Where to identify benefit rate Identify the average benefit rates for each funding column (Initial/Current, Revision, and/or Augment) on the Personnel Detail Worksheet in the row near the bottom titled, "AVG BENEFIT RATE (30% MAX)." This percentage will be applied to the Total Wages for each funding column to generate the figure for Total Benefits.

How to calculate actual benefits If you choose to reflect **actual** benefit amounts rather than a percentage, you must enter formulas in the "AVG BENEFIT RATE" cells. Based on the **actual** benefit amounts, the formula will calculate the benefit percentage to ensure compliance within the 30 percent maximum of Total Wages.

After determining the amount of benefits for each funding column (Initial/Current, Revision, and/or Augment), calculate the percentages by entering the formulas in the following manner:

Cell Address	Formula to Enter
Initial/Current	
G61	<p>The amount of Initial/Current actual benefits divided by Initial/Current Total Wages (in cell H60).</p> <p>NOTE: Use cell references whenever possible. This prevents errors when changes occur in a cell that affects <u>other</u> cells (such as totals).</p> <p>Example of formula: Initial/Current actual benefits = \$1,500 Total Wages (cell H60) = \$50,000 Formula = 1500/H60</p>
Revision	
J61	<p>The amount of Revision actual benefits divided by Revision Total Wages (in cell K60).</p> <p>Please see the above example of formula, substituting cell reference K60 for Total Wages.</p>

Continued on next page

This page intentionally left blank.

Budget Diskette Instructions, Continued

How to
calculate
actual benefits
(continued)

Cell Address	Information to Enter
Augment	
M61	The amount of Augment actual benefits divided by Augment Total Wages (in cell N60). Please see the formula example on the previous page, substituting cell reference N60 for Total Wages.

Total Benefits

The Total Benefits are automatically calculated, based on either the percentage or the formula entered in each of the AVG BENEFIT RATE cells.

Also, the percentage of benefits for Total Funding is automatically calculated. If the combined benefit percentage exceeds 30 percent, a warning message will appear in the Total Funding benefit's cell.

Total Personnel Costs

The Total Personnel Costs are automatically calculated (the sum of each column).

Continued on next page

Year:
Budget Period:
Amendment/Revision #:

Page 70

Budget Diskette Instructions, Continued

Operating Expenses Detail Worksheet

Following are the directions for completion of the Operating Expenses Detail Worksheet:

Column Title	Information to Enter	
Type of Operating Expense	An itemized list of all operating expenses. Please note that the labels for Travel, Training, and Audit are pre-entered.	
Initial/Current	For initial budgets:	The amount of funding for each type of operating expense.
	When revising/ amending budgets:	The amount of funding that was reflected on the last approved budget for each type of operating expense.
Revision	The <u>new</u> , revised amount of funding for each type of operating expense. For expense amounts not changing from the initial/current budget, enter the initial/current budget amount.	
Augment	The amount of augment funding for each type of operating expense.	
Total Funding	No entry needed. Automatically calculated in the following manner: <ul style="list-style-type: none">• If no revision is proposed: Initial/Current Amount Budgeted + Augment Amount Budgeted• If a revision is proposed: Revision Amount Budgeted + Augment Amount Budgeted	

Continued on next page

OTHER COSTS DETAIL WORKSHEET

Year:
Budget Period:
Amendment/Revision #:

TYPE OF OTHER COST		INITIAL/ CURRENT		REVISION		AUGMENT		TOTAL FUNDING	
		AMOUNT	BUDGETED	AMOUNT	BUDGETED	AMOUNT	BUDGETED	AMOUNT	BUDGETED
SUBCONTRACTS AND CONSULTANT AGREEMENTS									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
TOTAL OTHER COSTS									

Budget Diskette Instructions, Continued

Other Costs Detail Worksheet

Following are the directions for completion of the Other Costs Detail Worksheet:

Column Title	Information to Enter	
Type of Other Cost	An itemized list of all subcontracts and consultant agreements.	
Initial/Current	For initial budgets:	The amount of funding for each subcontract and/or consultant agreement.
	When revising/ amending budgets:	The amount of funding that was reflected on the last approved budget for each subcontract and/or consultant agreement.
Revision	The <u>new</u> , revised amount of funding for each subcontract and/or consultant agreement. For amounts not changing from the initial/current budget, enter the initial/current budget amount.	
Augment	The amount of augment funding for each subcontract and/or consultant agreement.	
Total Funding	No entry needed. Automatically calculated in the following manner: <ul style="list-style-type: none">• If no revision is proposed: Initial/Current Amount Budgeted + Augment Amount Budgeted• If a revision is proposed: Revision Amount Budgeted + Augment Amount Budgeted	

Continued on next page

Budget Diskette Instructions, Continued

Budget Summary

Following are the directions for completion of the Budget Summary:

Line Item	Information to Enter
Personnel	No entry needed. The figures are automatically brought forward from the Personnel Detail Worksheet.
Operating Expenses	No entry needed. The figures are automatically brought forward from the Operating Expenses Detail Worksheet.
Capital Expenditures	The amount of budgeted capital expenditures for each funding column (Initial/Current, Revision, and Augment). Please refer to the Equipment and Inventory-Controlled Nonequipment Items section of this manual for complete guidelines concerning equipment purchases.
Other Costs	No entry needed. The figures are automatically brought forward from the Other Costs Detail Worksheet.
Indirect Costs	The percent of indirect costs for each funding column (Initial/Current, Revision, and Augment). The amounts budgeted for indirect costs are automatically calculated based on the percentage(s) entered, multiplied by the Total Wages indicated on the Personnel Detail Worksheet.

Total Expenditures and Total Funding

The Total Expenditures and Total Funding are automatically calculated. Some keys points to remember:

- Initial/Current Total Expenditures must equal the amount of fiscal year funding awarded, as stated in the most recent certified agreement.
- Revision Total Expenditures must **match** the Initial/Current Total Expenditures.
- Augment Total Expenditures must equal the amount of augment funds requested/approved.

Continued on next page

20% MATCH REQUIREMENT

Year:

Budget Period:

EXPENSE CATEGORY	BUDGET	AGENCY MATCH AMOUNT	%	MATCH SOURCE
(1) PERSONNEL				
(2) OPERATING EXPENSES				
(3) CAPITAL EXPENDITURES				
(4) OTHER COSTS				
(5) INDIRECT COSTS				
TOTALS				

The BWSP requires matching funds or in-kind contributions equivalent to 20% of the total grant including the augmentation.
The 20% match may come from other governmental or private sources.

Budget Diskette Instructions, Continued

20% Match Requirement form

Following are the directions for completion of the 20% Match Requirement form:

Column Title	Information to Enter
Expense Category	Categories have been pre-entered.
Budget	No entry needed. Information is automatically forwarded from the Budget Summary.
Agency Match Amount	The dollar amount that the Agency will provide as match in the appropriate line items.
Percentage	No entry needed. Automatically calculated by dividing the Agency Match Amount by the Total Budget.
Match Source	The name of each of the funding sources used to fulfill the match requirement.

This page intentionally left blank.

Invoice Diskette Instructions

About the file Diskettes provided by MCH contain the Invoice Summary and three detail worksheets in one Excel file.

Use this file when creating invoices for reimbursement from MCH.

Structure of the worksheet The worksheet consists of five pages.

Page 1: Header information (e.g., Grantee name, grant number, etc.) that prints on all subsequent pages is entered here.

Pages 2 through 5: The four invoice pages (three detail worksheets and the invoice summary) where the amounts to be reimbursed are entered.

Key points to remember when working in the file Following are some key points to remember when working in the file:

- All cells (i.e., boxes) which allow data input have **bold** lines on at least three sides. All other numbers are calculated by formulas embedded in the worksheet cells. To prevent accidental entries, these cells have been **protected**. Please contact your Contract Manager before overriding any protection commands on MCH spreadsheets.
- The detail worksheets accommodate dollars and cents (i.e., \$23,456.78) to eliminate most rounding errors.
- The Invoice Summary expenditures for Personnel, Operating Expenses, and Other Costs are automatically forwarded from the entries made on the three detail worksheets. The totals from each detail worksheet are rounded to whole dollars when forwarded.
- The Excel print command will automatically print the four pages of invoice forms (Invoice Summary, Personnel Detail Worksheet, Operating Expenses Detail Worksheet, and Other Costs Detail Worksheet). Page 1, containing the header information, does not print.
- After completing and reviewing the entire document, **save the file with a new, unique name**. Saving the file with a new name will allow you to have not only the completed invoice forms, but also the original blank forms for future use.

NOTE: After printing the five pages of invoice forms, place the Invoice Summary page on top of the package.

Continued on next page

HEADER INFORMATION

The information entered here will automatically be forwarded to each page of the worksheet.

Grantee Name:	<input type="text"/>	
Grant Number:	<input type="text"/>	
Fiscal Year:	<input type="text"/>	Identify the fiscal year (e.g., 00/01)
Invoice Period:	<input type="text"/>	Identify the invoice period (e.g., 7/1/00 through 9/30/00)
Invoice Number:	<input type="text"/>	Identify the invoice number (e.g., 1, 2, 3, etc.)
Supplemental Invoice	<input type="text"/>	Enter an X if this is a supplement to a previously paid invoice
Final Invoice	<input type="text"/>	Enter an X if this is the final invoice for the entire grant

Scroll down to complete the three detail worksheets and the Invoice Summary.

Invoice Diskette Instructions, Continued

Header information

The information entered on the page titled “Header Information” will automatically be forwarded to all subsequent pages of the invoice documents. Following are the directions for completion of the header information.

Item	Spreadsheet Cell Reference	Information to Enter
Grantee Name	C4	Full name of Grantee.
Grant Number	C5	Complete grant number.
Fiscal Year	C6	The fiscal year (i.e., 00/01) to which this invoice applies.
Invoice Period	C7	Inclusive dates of invoice period (i.e., 07/01/00 through 09/30/00).
Invoice Number	C8	Sequential numeric identification for the invoice period (i.e., 1, 2, 3, etc.) beginning with number one for the first invoice of a fiscal year. NOTE: Please refer to the Invoice section earlier in this manual for instructions regarding the numbering of a supplemental invoice.
Supplemental Invoice	C9	Enter an X if applicable.
Final Invoice	C10	Enter an X if applicable.

Continued on next page

PERSONNEL DETAIL WORKSHEET

Fiscal Year: _____
 Invoice Period: _____
 Invoice No. _____

	STAFFING	% ANNUAL SALARY	BUDGETED ANNUAL SALARY	TOTAL QTR'S FUNDING
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL WAGES				
AVG BENEFIT RATE (30% MAX)				
TOTAL BENEFITS				
TOTAL PERSONNEL COSTS				

Invoice Diskette Instructions, Continued

Personnel detail worksheet

Following are the directions for the completion of the Personnel Detail Worksheet:

Column Title	Information to Enter
Staffing	The classification/job title as shown on the approved budget for each staff performing MCH-funded activities during the invoice period.
% Annual Salary	No entry needed. Automatically calculated by dividing the Total Qtr's Funding by the Budgeted Annual Salary.
Budgeted Annual Salary	The annual salary for one FTE as shown on the approved budget for each staff listed in the Staffing column.
Total Qtr's Funding	The MCH portion of the quarter's salary for each staff listed in the Staffing column.

Cell Address	Information to Enter
E45	<p>The benefit percentage rate. This rate will be automatically applied to the total wages to generate Total Benefits.</p> <p>To calculate <u>actual benefits</u> percentage:</p> <ol style="list-style-type: none">1. Determine the total actual benefit dollar amount.2. In cell E45, create a formula by doing the following:<ol style="list-style-type: none">a. Enter an equal sign (=).b. Enter the amount determined in #1 above.c. Follow this with the division sign (/).d. Add the cell address for Total Wages (F44).

Continued on next page

OPERATING EXPENSES DETAIL WORKSHEET

Fiscal Year:
 Invoice Period:
 Invoice No.

TYPE OF OPERATING EXPENSE		TOTAL FUNDING
	TRAVEL	
	TRAINING	
	AUDIT	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
TOTAL OPERATING COSTS		

Invoice Diskette Instructions, Continued

Operating Expenses Detail Worksheet

Following are the directions for completion of the Operating Expenses Detail Worksheet:

Column Title	Information to Enter
Type of Operating Expense	No entry needed for Travel, Training, and Audit. Include an itemized list of all other MCH-funded Operating Expenses.
Total Funding	An itemized breakdown of the amounts paid by the Grantee during the invoice period for each MCH-funded Operating Expense.

Continued on next page

OTHER EXPENSES DETAIL WORKSHEET

Fiscal Year: _____
 Invoice Period: _____
 Invoice No. _____

TYPE OF OTHER COST		TOTAL FUNDING
SUBCONTRACTS AND CONSULTANT AGREEMENTS		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
TOTAL OTHER COSTS		

Invoice Diskette Instructions, Continued

Other Costs Detail Worksheet

Following are the directions for completion of the Other Costs Detail Worksheet:

Column Title	Information to Enter
Type of Other Cost	An itemized list of all subcontracts and consultant agreements.
Total Funding	An itemized breakdown of the amounts paid by the Grantee during the invoice period for each subcontract and consultant agreement.

Continued on next page

MATERNAL AND CHILD HEALTH BRANCH
BATTERED WOMENS SHELTER PROGRAM

INVOICE SUMMARY

Fiscal Year:	<input type="text"/>
Invoice Period:	<input type="text"/>
Invoice No.	<input type="text"/>
Supplemental Invoice:	<input type="text"/>
Final Invoice:	<input type="text"/>

EXPENSE CATEGORY	STATE FUNDING
(1) PERSONNEL	
(2) OPERATING EXPENSES	
(3) CAPITAL EXPENDITURES	
(4) OTHER COSTS	
(5) INDIRECT COSTS	
TOTAL EXPENDITURES	

As the fiscal agent for this Agency, I certify that this invoice is based upon actual costs.

_____	_____
Grantee's Fiscal Agent Signature	Date

As the Executive Director, I certify that I have seen and reviewed this invoice for compliance with MCH administrative and program policies.

_____	_____
Grantee's Executive Director Signature	Date

When submitting invoice documents to MCH for reimbursement, place this page immediately after the cover letter.

Invoice Diskette Instructions, Continued

Invoice Summary

Following are the directions for completion of the Invoice Summary:

Line Item	Information to Enter
Personnel	No entry needed. The figures are automatically brought forward from the Personnel Detail Worksheet.
Operating Expenses	No entry needed. The figures are automatically brought forward from the Operating Expenses Detail Worksheet.
Capital Expenditures	The amount of MCH funds expended on capital expenditures during the invoice period. Please refer to the Equipment and Inventory-Controlled Nonequipment Items section of this manual for complete guidelines concerning equipment purchases.
Other Costs	No entry needed. The figures are automatically brought forward from the Other Costs Detail Worksheet.
Indirect Costs	In cell D136, enter the percent of indirect costs to be paid with MCH funds for the invoice period. The amount of indirect costs is automatically calculated based on the percentage entered, multiplied by the total Personnel line item expenditures. If you prefer, a formula may be entered to calculate the actual percentage of indirect costs. To calculate <u>actual indirect costs</u> percentage: <ol style="list-style-type: none">1. Determine the total actual indirect costs dollar amount.2. In cell D136, create a formula by doing the following:<ol style="list-style-type: none">a. Enter an equal sign (=).b. enter the amount determined in #1 above.c. Follow this with the division sign (/).d. Add the cell address for Total Personnel (E128). NOTE: Although an individual quarter's Indirect Costs may exceed 12 percent of the Personnel expenses billed on that invoice, the total expenditure for Indirect Costs for the fiscal year cannot exceed 12% of the total reimbursed Personnel expenditures or the amount of Indirect Costs budgeted, whichever is less.

Continued on next page

This page intentionally left blank.

Invoice Diskette Instructions, Continued

**Certification
signatures**

Both the grantee's fiscal agent and the executive director must sign (in blue ink) and date the original invoice.

EXHIBIT A-1
CURRENT CONTRACT YEAR EQUIPMENT PURCHASED WITH STATE FUNDS

Contract number: _____

Previous contract number (if applicable): _____

Contractor's name: _____

Complete address: _____

Telephone number: _____

Contractor's contact person: _____

Date current contract expires: _____

DHS program name: Maternal and Child Health Branch, Domestic Violence

DHS program liaison: _____

DHS program address: 714 P Street, Room 708
Sacramento, CA 95814

Liaison telephone number: _____

Date of this report: _____

**Please Read Instructions on Reverse Side Before Completing
(THIS IS NOT A BUDGET FORM)**

[illegible]

Exhibit A-1 Diskette Instructions

Diskettes provided by MCH contain the Exhibit A-1 in WORD (see [Appendix H](#)).

When the file is opened, all areas that allow data input have a shaded block (■). All other areas are protected. Move throughout the file by using either the Tab key or the mouse. Each press of the Tab key moves you to the next area for data input. Please contact your Contract Manager before overriding the protection.

Submit two copies of the Exhibit A-1 with the invoice requesting reimbursement. A copy of the completed form must be retained on file with the Grantee.

Item	Information to Enter
Contract No.	The Grant number for the fiscal period in which the equipment items were purchased.
Date Current Contract Expires	The Grant expiration date in which the equipment items were purchased.
Previous Contract No. (if applicable)	The Grant number for the fiscal period prior to that in which the equipment items were purchased.
Contractor's Name	The complete Grantee name.
DHS Program	No entry needed.
DHS Program Liaison	The name of your Contract Manager.
Complete Address	The complete Agency address (including zip code).
Telephone No.	The complete Grantee phone number (including area code).
DHS Program Address	No entry needed.
Liaison Telephone No.	The complete telephone number (including the area code) of your Contract Manager.
Contractor's Contact Person	The name of the person to be contacted regarding information on this form.
Date of this Report	The date that this Exhibit A-1 is completed.
State ID Tag No. (If Motor Vehicle, List License No.)	Leave this column blank.

Continued on next page

This page intentionally left blank.

Exhibit A-1 Diskette Instructions, Continued

Item	Information to Enter
Quantity	List the quantity of equipment purchased.
Description	List manufacturer's name, model number, type and size.
Base Cost Per Unit	List the cost of the item purchased excluding tax, delivery, installation charges, etc.
DHS Order or DHS Document Number	Leave this column blank.
Date Received	The date that the Grantee received the equipment.
Serial Number (If motor vehicle, list VIN No.)	List the item's serial number. NOTE: Purchase or Lease-Purchase of motor vehicles is not permitted with MCH funds.

Exhibit A-2 Diskette Instructions

Diskettes provided by the MCH Branch contain the Exhibit A-2 in WORD (see [Appendix I](#)).

All areas that allow data input have a shaded block (■). All other areas are protected. Move through the file by using either the Tab key or the mouse. Each press of the Tab key moves you to the next area for data input. Please contact your Contract Manager before overriding the protection.

Submit one copy of the Exhibit A-2 to MCH with the final invoice for the fiscal year. A copy of the completed form must be retained on file with the Grantee.

Item	Information to Enter
Contract No.	The Grant number for the fiscal period in which the equipment items were purchased.
Date Contract Expires	The Grant expiration date in which the equipment items were purchased.
Previous Contract No. (if applicable)	The Grant number for the fiscal period prior to that in which the equipment items were purchased.
Contractor's Name	The complete Grantee name.
Contractor's Complete Address	The complete address (including zip code).
Contact Name/Phone No.	The name and telephone number of the person to be contacted regarding information on this form.
DHS Program Name	No entry needed.
DHS Program Address	No entry needed.
DHS Program Liaison	The name of your Contract Manager.
DHS Liaison's Telephone No.	The complete telephone number (including the area code) and the E-mail address of your Contract Manager.
Date of this Report	The date that this Exhibit A-2 is completed.
State ID Tag No. (If Motor Vehicle, List License No.)	The State I.D. tag number from label affixed to item.
Quantity	List the quantity of equipment items purchased.
Description	List manufacturer's name, model number, type and size.

Continued on next page

This page intentionally left blank.

Exhibit A-2 Diskette Instructions, Continued

Item	Information to Enter
Base Cost Per Unit	List the cost of the item purchased excluding tax, delivery, installation charges, etc.
DHS ASSET MGMT USE ONLY	Leave this column blank.
DHS Document No.	
Date Received	The date that the Grantee received the equipment items.
Serial Number (If motor vehicle, list VIN No.)	List the item's serial number. NOTE: Purchase or Lease-Purchase of motor vehicles is not permitted with MCH Grant funds.

SUBCONTRACT AGREEMENT TRANSMITTAL FORM

This transmittal form is used to obtain MCH approval of any subcontract that exceeds \$5,000 for **each** fiscal year of the MCH Grant term. Complete this form for each subcontract (duplicate the form if additional copies are needed). Attach the following:

1. A brief (one page or less) explanation of the award process
2. Subcontract agreement consisting of:
 - a. Subcontractor/Grantee Agreement
 - b. Proposed scope of work
 - c. Budget
 - d. Detailed Budget Justification Narrative

GRANTEE IDENTIFICATION

Grantee Name: _____
Grant Number: _____ Grant Award Amount: _____
Grant Term: _____
Contact Person: _____
(Person to contact regarding completion of this form)
Phone Number: _____ FAX Number: _____
Internet or E-Mail address: _____

SUBCONTRACTOR INFORMATION

Subcontractor or Consultant Name: _____
Federal I.D. Number or Social Security Number: _____
Address: _____

Subcontract Amount: _____ Subcontract Term: _____

Subcontractor's Project Director: _____
(N/A for consultants) (Person to contact regarding this subcontract)
Phone Number: _____ FAX Number: _____
Is the subcontractor a non-profit organization? ☐ YES ☐ NO

This is to acknowledge that the above named Subcontractor has received, and will comply with, all applicable terms and conditions of the above referenced Grant, including Exhibit A(S) provisions.

Signature and Title of Grantee's Person with Board Authority to Sign _____ Date _____
(sign in blue ink) NOTE: This is not the subcontractor's signature

(IDENTIFY SUBCONTRACTOR DHS FUNDING SOURCES ON REVERSE)

Subcontract Agreement Transmittal Package Diskette Instructions

Diskettes provided by MCH contain the Subcontract Agreement Transmittal Form in WORD.

On Agency letterhead, provide a brief (one page or less) explanation of the award process including all information necessary to evaluate the reasonableness of the price or cost and the necessity or desirability of incurring such cost.

The Subcontract Agreement Transmittal Form must be submitted to MCH with the subcontractor's SOW, budget, and detailed budget justification narrative.

NOTE: Subcontractors are exempt from the 20% match requirement.

All areas that allow data input have a shaded block (■). All other areas are protected. Move throughout the file by using either the Tab key or the mouse. Each press of the Tab key moves you to the next area for data input. Please contact your Contract Manager before overriding the protection.

Following are the directions for completion of the Transmittal Form:

ITEM	INFORMATION TO ENTER
Grantee Name	Full Grantee name.
Grant Number	Complete Grant number.
Grant Award Amount	The total Grant award amount as shown on the certified Grant.
Grant Term	The beginning and ending dates for the Grant term as shown on the certified Grant.
Contact Person	The name of the Agency staff to contact regarding the information on this form.
Phone Number	The complete telephone number (including the area code) of the contact person.
FAX Number	Indicate the FAX number (including area code) of the contact person.
Internet or E-Mail address	Indicate the Internet or E-mail address of the contact person.

Continued on next page

This page intentionally left blank.

Subcontract Agreement Transmittal Package Diskette Instructions, Continued

ITEM	INFORMATION TO ENTER
Subcontractor or Consultant Name	Identify the complete business name of the subcontractor or consultant.
Federal I.D. Number or Social Security Number	Indicate the subcontractor's federal I.D. number or the consultant's social security number.
Address	Indicate the complete address of the subcontractor or consultant.
Subcontract Amount	Indicate the total subcontract dollar amount as shown on required subcontract budget.
Subcontract Term	Indicate the beginning and ending dates of the subcontract term.
Subcontractor's Project Director	Identify the complete name of the subcontractor's Project Director. This need not be completed for consultants.
Phone Number	List the subcontractor's Project Director's phone number (including area code).
FAX Number	List the subcontractor's Project Director's FAX number (including area code).
Type of Subcontractor	Check applicable box.
Signature and Date	Grantee's staff person with authority to sign for Agency is to sign and date the form in blue ink. NOTE: This is <u>not</u> the subcontractor's signature.

Continued on next page

SUBCONTRACTOR FUNDING SOURCES

List all funds currently received or anticipated which are being received from DHS:

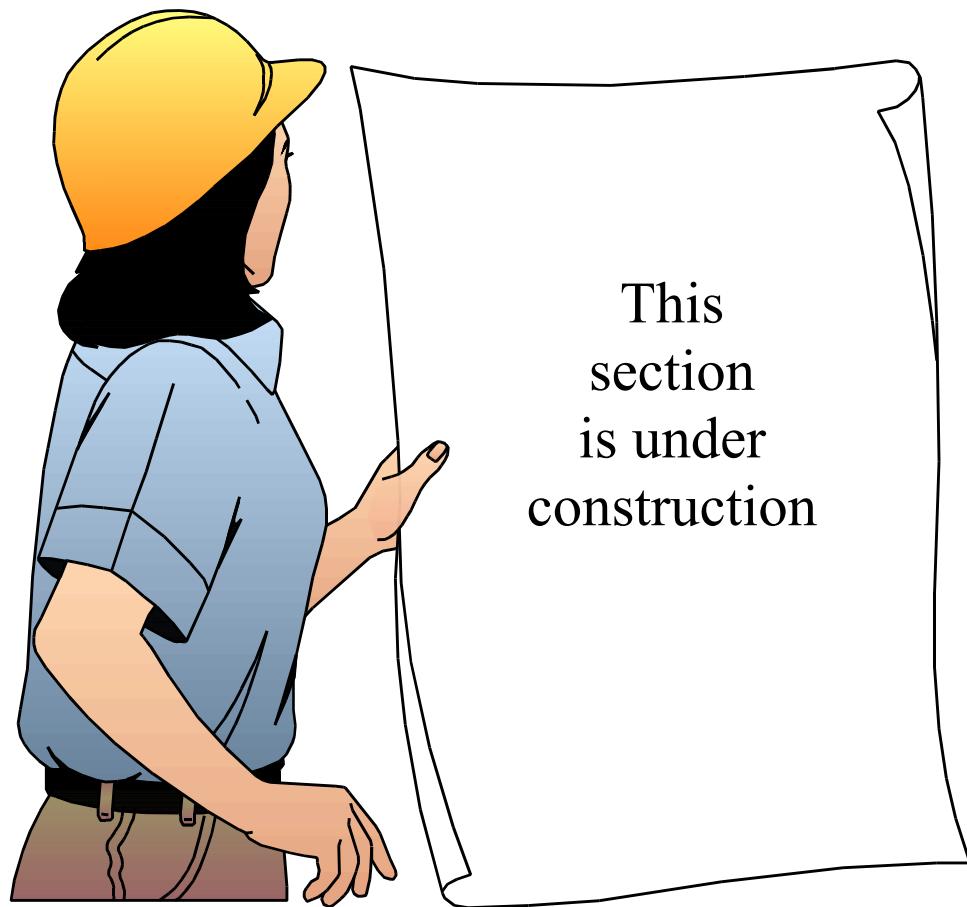
[illegible]

Subcontract Agreement Transmittal Package Diskette Instructions, Continued

ITEM	INFORMATION TO ENTER
Reverse side form	List the source and amount of all funds the subcontractor currently receives or anticipates to receive from DHS.

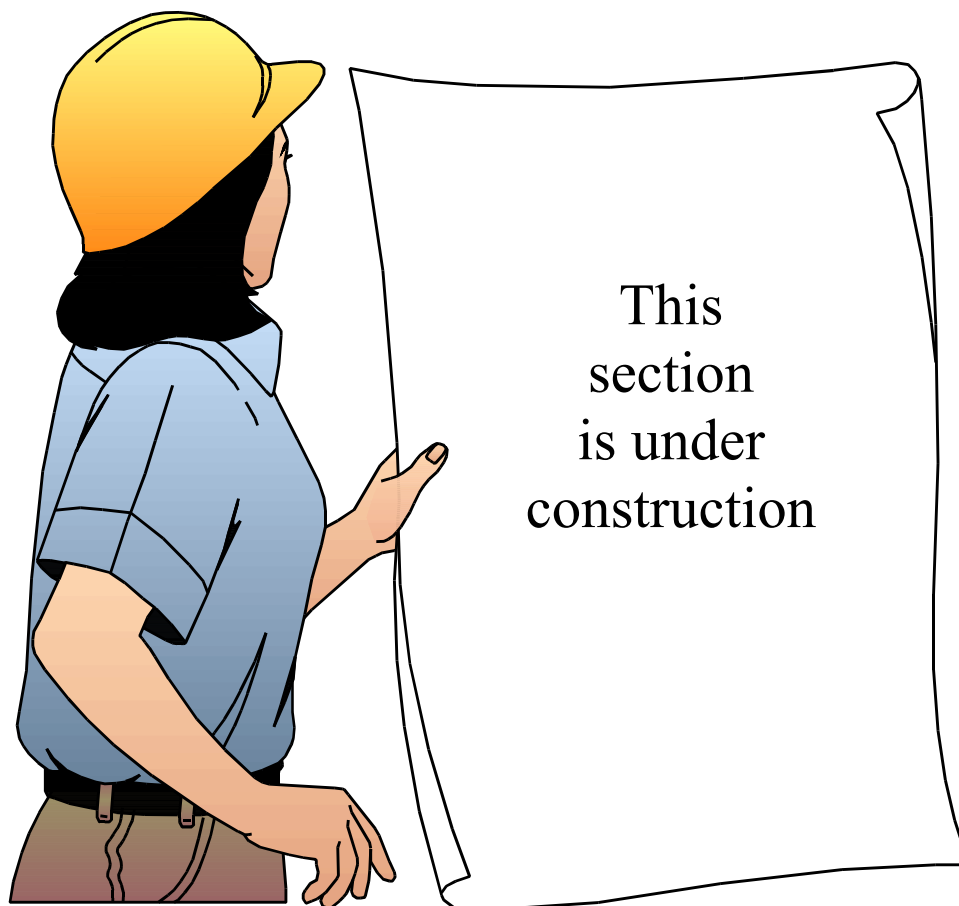
This page intentionally left blank.

Program Report Diskette Instructions



This page intentionally left blank.

Data Report Diskette Instructions



This page intentionally left blank.

APPENDICES

EXHIBIT B

Year: _____

Budget Period: _____

Amendment/Revision #: _____

When submitting budget documents to MCH for review, place this page immediately after the cover letter.

EXPENSE CATEGORY		INITIAL/ CURRENT		REVISION		AUGMENT		TOTAL FUNDING	
		AMOUNT BUDGETED		AMOUNT OF CHANGE	AMOUNT BUDGETED	AMOUNT BUDGETED		AMOUNT BUDGETED	
(1) PERSONNEL									
(2) OPERATING EXPENSES									
(3) CAPITAL EXPENDITURES									
(4) OTHER COSTS									
(5) INDIRECT COSTS (12% MAX)	% of Indirect								% of Indirect
TOTAL EXPENDITURES	Total change								

When completing a revision, the TOTAL EXPENDITURES in these two columns must be equal.

PERSONNEL DETAIL WORKSHEET

Year:
 Budget Period:
 Amendment/Revision #:

	STAFFING	ANNUAL SALARY	INITIAL/CURRENT		REVISION		AUGMENT		TOTAL FUNDING	
			% FTE	BUDGETED	% FTE	AMOUNT BUDGETED	% FTE	AMOUNT BUDGETED	% FTE	AMOUNT BUDGETED
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
		TOTAL WAGES								
		AVG BENEFIT RATE (30% MAX)								
		TOTAL BENEFITS								
		TOTAL PERSONNEL COSTS								

OPERATING EXPENSES DETAIL WORKSHEET

Year:
Budget Period:
Amendment/Revision #:

TYPE OF OPERATING EXPENSE		INITIAL/ CURRENT	REVISION	AUGMENT	TOTAL FUNDING
		AMOUNT BUDGETED	AMOUNT BUDGETED	AMOUNT BUDGETED	AMOUNT BUDGETED
TRAVEL					
TRAINING					
AUDIT					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL OPERATING COSTS					

OTHER COSTS DETAIL WORKSHEET

Year:
Budget Period:
Amendment/Revision #:

TYPE OF OTHER COST		INITIAL/ CURRENT		REVISION		AUGMENT		TOTAL FUNDING	
		AMOUNT	BUDGETED	AMOUNT	BUDGETED	AMOUNT	BUDGETED	AMOUNT	BUDGETED
SUBCONTRACTS AND CONSULTANT AGREEMENTS									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
TOTAL OTHER COSTS									

20% MATCH REQUIREMENT

Year:
Budget Period:

EXPENSE CATEGORY	BUDGET	AGENCY MATCH AMOUNT	%	MATCH SOURCE
(1) PERSONNEL				
(2) OPERATING EXPENSES				
(3) CAPITAL EXPENDITURES				
(4) OTHER COSTS				
(5) INDIRECT COSTS				
TOTALS				

The BWSP requires matching funds or in-kind contributions equivalent to 20% of the total grant including the augmentation.
The 20% match may come from other governmental or private sources.

PERSONNEL DETAIL WORKSHEET

ABC Agency
00-12345Year: 1
Budget Period: 07/01/00 through 06/30/01
Amendment/Revision #: 0

	STAFFING	ANNUAL SALARY	INITIAL/CURRENT		REVISION		AUGMENT		TOTAL FUNDING	
			% FTE	AMOUNT BUDGETED	% FTE	AMOUNT BUDGETED	% FTE	AMOUNT BUDGETED	% FTE	AMOUNT BUDGETED
1	Executive Director	47,040	10.0%	4,704.00					10.0%	4,704.00
2	Health Care Coordinator	30,000	50.0%	15,000.00					50.0%	15,000.00
3	Supervising Case Manager (Bilingual)	37,920	40.0%	15,168.00					40.0%	15,168.00
4	Counselor	30,840	100.0%	30,840.00					100.0%	30,840.00
5	Clerk	18,960	20.0%	3,792.00					20.0%	3,792.00
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
		TOTAL WAGES		69,504.00		0.00		0.00		69,504.00
		AVG BENEFIT RATE (30% MAX)	25.00%						25.00%	
		TOTAL BENEFITS		17,376.00		0.00		0.00		17,376.00
		TOTAL PERSONNEL COSTS		86,880.00		0.00		0.00		86,880.00

OPERATING EXPENSES DETAIL WORKSHEET

ABC Agency
00-12345

Year: 1
 Budget Period: 07/01/00 through 06/30/01
 Amendment/Revision #: 0

TYPE OF OPERATING EXPENSE		INITIAL/ CURRENT AMOUNT BUDGETED	REVISION AMOUNT BUDGETED	AUGMENT AMOUNT BUDGETED	TOTAL FUNDING AMOUNT BUDGETED
	TRAVEL	3,732.00			3,732.00
	TRAINING	1,100.00			1,100.00
	AUDIT	1,000.00			1,000.00
1	Office Supplies	840.00			840.00
2	Communications	1,200.00			1,200.00
3	Postage	900.00			900.00
4	Duplicating	600.00			600.00
5	Space Rent/Lease	8,400.00			8,400.00
6	Equipment/Furniture	500.00			500.00
7	Fundraising	1,500.00			1,500.00
8	Educational Materials	960.00			960.00
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL OPERATING COSTS		20,732.00	0.00	0.00	20,732.00

OTHER COSTS DETAIL WORKSHEET

ABC Agency
00-12345

Year: 1
Budget Period: 07/01/00 through 06/30/01
Amendment/Revision #: 0

TYPE OF OTHER COST		INITIAL/ CURRENT AMOUNT BUDGETED	REVISION AMOUNT BUDGETED	AUGMENT AMOUNT BUDGETED	TOTAL FUNDING AMOUNT BUDGETED
SUBCONTRACTS AND CONSULTANT AGREEMENTS					
1	Nurse Practitioner	3,500.00			3,500.00
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
TOTAL OTHER COSTS		3,500.00	0.00	0.00	3,500.00

20% MATCH REQUIREMENT

Year: 1
Budget Period: 07/01/00 through 06/30/01

EXPENSE CATEGORY	BUDGET
(1) PERSONNEL	86,880
(2) OPERATING EXPENSES	20,732
(3) CAPITAL EXPENDITURES	5,200
(4) OTHER COSTS	3,500
(5) INDIRECT COSTS	8,688
TOTALS	125,000

AGENCY MATCH AMOUNT	%	MATCH SOURCE
12,500	10%	Volunteer Hours
2,500	2%	OCCJP Funds
10,000	8%	Preslev Funds
25,000	20%	

The BWSP requires matching funds or in-kind contributions equivalent to 20% of the total grant including the augmentation.
The 20% match may come from other governmental or private sources.

BUDGET JUSTIFICATION NARRATIVE SAMPLE

THIS IS A HYPOTHETICAL BUDGET JUSTIFICATION NARRATIVE SAMPLE. THIS IS THE FORMAT REQUIRED TO JUSTIFY PROPOSED BUDGET FIGURES.

GRANTEE NAME: ABC Agency
 GRANT NUMBER: 00-12345
 FISCAL YEAR: 2000/01

1. PERSONEL COSTS 86,880

Salaries

A. Executive Director 4,704

\$47,040 x 10%

Serves as the collaborator with other agencies and the community to ensure successful completion of this project. Has legal responsibility for agency.

B. Health Care Coordinator 15,000

\$30,000 x 50%

Responsible for planning, organizing, implementing, and evaluating the comprehensive health care case management program for women and children served through the emergency shelter.

C. Supervising Case Manager (bilingual) 15,168

\$37,920 x 40%

Supervises counseling staff and develops counseling protocols and materials to ensure culturally competent services. Provides individual and group counseling.

D. Counselor 30,840

\$30,840 x 100%

Conducts individual and group counseling for clients. Evaluates data from client satisfaction surveys for evaluation of the health care case management program.

E. Clerk 3,792

\$18,960 x 20%

Compiles data from client satisfaction surveys for evaluation of the health care case management program.

BENEFITS 17,376

Average rate of 25% of total personnel wages (\$69,504)

GRANTEE NAME: ABC Agency
 GRANT NUMBER: 00-12345
 FISCAL YEAR: 2000/01

2. OPERATING EXPENSES 20,732

A. TRAVEL (at State DPA rates)
 Staff travel for State related meetings, trainings, and/or workshops. Includes travel and per diem in accordance with State DPA rates at 31 cents per mile. 1,552

Client Transportation 2,180
 Includes cost to transport staff and clients to appointments and training programs (reimbursed at State DPA rate of 24 cents per mile).

B. TRAINING 1,100
 1. Required training for staff/volunteer development (3 staff x \$200 = \$600)
 2. Includes trainings and conferences to be attended by project staff. Specific events undetermined at this time. (2 staff x \$250 = \$500)

C. AUDIT 1,000
 Cost of annual independent audit as required by grant.

D. OTHER OPERATING EXPENSES
 Expenses necessary for staff to carry out the daily activities to accomplish project goals.

1. Office Supplies – Pens, pencils, paper, etc., estimated at approximately \$70 per month for 12 months. 840

2. Communications – Includes monthly costs related to telephone system, FAX service, pagers, internet access, and cell phones estimated costs at approximately \$100 per month for 12 months. 1,200

3. Postage – Includes postage costs for health referrals and general correspondence, estimated costs at approximately \$75 per month for 12 months. 900

4. Duplicating – Includes costs for correspondence and materials, estimated at approximately \$50 per month for 12 months. 600

5. Space/Rent/Lease – Business office to conduct project activities, lease costs. 8,400

APPENDIX B

GRANTEE NAME: ABC Agency
GRANT NUMBER: 00-12345
FISCAL YEAR: 2000/01

6.	Furniture/Equipment Desk, chair, and filing cabinet for the counselor	500
7.	Fundraising Funds used to support goals and expand funding base.	1,500
8.	Educational Materials Includes books, videos, handouts, and brochures necessary for staff use at trainings and at business center to serve clients.	960
3.	CAPITAL EXPENDITURES High speed copy machine that copies back to back and collates.	5,200
4.	OTHER COSTS Nurse practitioner to assist in developing and conducting domestic violence trainings and follow up with health care providers.	3,500 3,500
5.	INDIRECT COSTS 10% of total Personnel and Benefits (\$86,880)	8,688
TOTAL BUDGET		125,000

Grantee Name: _____ Grant Number: _____

Exhibit A-A
Workplan, Part I

Workplan Period: _____
Revision Date: _____

Column 1	Column 2	Column 3	Column 4	Column 5
Target Population Range to be Served Ethnicity	Objectives/Activities	Start/End Date	Who Responsible	Documentation and Tracking

Grantee Name: _____ Grant Number: _____

Exhibit A-A
Workplan, Part II
Workplan Period: _____
Revision Date: _____

Column 1	Column 2	Column 3
SUMMARY LIST OF MAJOR PROGRAM DELIVERABLES List in the same order as they appear in Part I Quantify and briefly describe the deliverable.		
	*	%

SAMPLE INVOICE COVER LETTER

(Use Agency's Official Letterhead)

Department of Health Services
Maternal and Child Health Branch
Operations Section
Attn: "Your Contract Manager's Name"
714 P Street, Room 708
Sacramento, CA 95814

MATERNAL AND CHILD HEALTH GRANT NUMBER

Enclosed for payment is our invoice number _____ in the total amount of
\$ _____ which covers the period of _____ through _____ (inclusive
dates) for services rendered pursuant to the terms and conditions established in
the above referenced MCH Grant.

Sincerely,

Original Signature, Title

Enclosure

MATERNAL AND CHILD HEALTH BRANCH
BATTERED WOMENS SHELTER PROGRAM

INVOICE SUMMARY

Fiscal Year:
 Invoice Period:
 Invoice No.
 Supplemental Invoice:
 Final Invoice:

EXPENSE CATEGORY	STATE FUNDING
(1) PERSONNEL	
(2) OPERATING EXPENSES	
(3) CAPITAL EXPENDITURES	
(4) OTHER COSTS	
(5) INDIRECT COSTS	
TOTAL EXPENDITURES	

As the fiscal agent for this Agency, I certify that this invoice is based upon actual costs.

Grantee's Fiscal Agent Signature _____
Date

As the Executive Director, I certify that I have seen and reviewed this invoice for compliance with MCH administrative and program policies.

Grantee's Executive Director Signature _____
Date

**When submitting invoice documents to MCH
for reimbursement, place this page
immediately after the cover letter.**

PERSONNEL DETAIL WORKSHEET

Fiscal Year:
 Invoice Period:
 Invoice No.

	STAFFING	% ANNUAL SALARY	BUDGETED ANNUAL SALARY	TOTAL QTR'S FUNDING
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL WAGES				
AVG BENEFIT RATE (30% MAX)			<input type="text"/>	
TOTAL BENEFITS				
TOTAL PERSONNEL COSTS				

OPERATING EXPENSES DETAIL WORKSHEET

Fiscal Year:
 Invoice Period:
 Invoice No.

TYPE OF OPERATING EXPENSE		TOTAL FUNDING
	TRAVEL	
	TRAINING	
	AUDIT	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
TOTAL OPERATING COSTS		

OTHER EXPENSES DETAIL WORKSHEET

Fiscal Year:
 Invoice Period:
 Invoice No.

TYPE OF OTHER COST		TOTAL FUNDING
SUBCONTRACTS AND CONSULTANT AGREEMENTS		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
TOTAL OTHER COSTS		

CONTRACTOR'S RELEASE

Instructions to Contractor:

With final invoice(s) submit one (1) original and two (2) copies. The original must bear the original signature of a person authorized to bind the Contractor. The additional copies may bear photocopied signatures.

Submission of Final Invoice

Pursuant to **contract number** _____ entered into between the State of California Department of Health Services and the Contractor (identified below), the Contractor does hereby acknowledge that final payment has been requested via **invoice number(s)** _____, in the **amount(s) of** \$_____ and **dated** _____. If necessary, enter "See Attached" in the appropriate blocks and attach a list of invoice numbers, dollar amounts and invoice dates.

Release of all Obligations

By signing this form, and upon receipt of the amount specified in the invoice number(s) referenced above, the Contractor does hereby release and discharge the State, its officers, agents and employees of and from any and all liabilities, obligations, claims, and demands whatsoever arising from the above referenced contract.

Repayments Due to Audit Exceptions / Record Retention

By signing this form, Contractor acknowledges that expenses authorized for reimbursement does not guarantee final allowability of said expenses. Contractor agrees that the amount of any sustained audit exceptions resulting from any subsequent audit made after final payment, will be refunded to the State.

All expense and accounting records related to the above referenced contract must be maintained for audit purposes for no less than three years beyond the date of final payment, unless a longer term is stated in said contract.

Recycled Product Use Certification

By signing this form, Contractor certifies under penalty of perjury that [Enter "percentage value" or "zero"] _____ percent of the materials, goods, supplies or products offered or used in the performance of the above referenced contract meets or exceeds the minimum percentage of recycled material, as defined in Public Contract Code Sections 12161 and 12200.

Reminder to Return State Equipment/Property (If Applicable)

(Applies only if equipment was provided by DHS or purchased with or reimbursed by contract funds)

Unless DHS has approved the continued use and possession of State equipment (as defined in the above referenced contract) for use in connection with another DHS agreement, Contractor agrees to promptly initiate arrangements to account for and return said equipment to DHS, at DHS's expense, if said equipment has not passed its useful life expectancy as defined in the above referenced contract.

Patents / Other Issues

By signing this form, Contractor further agrees, in connection with patent matters and with any claims that are not specifically released as set forth above, that it will comply with all of the provisions contained in the above referenced contract, including, but not limited to, those provisions relating to notification to the State and related to the defense or prosecution of litigation.

Contractor's Legal Name (As on contract): _____

Signature of Contractor or Official Designee: _____

Date: _____

Printed Name/Title of Person Signing: _____

DHS Distribution: Accounting (Original) Program CMU contract file

LISTING OF MINOR EQUIPMENT
(State identification tags required regardless of unit cost)

Board, copyboard electronic

Camera, digital-no film

Check signer and/or dater, endorser machine

Computers and computer components, all types, including:

 Mainframe central processing unit (CPU)

 Personal computer (PC)

 Laptop

 Modem

 Monitor

 Plotter

 Power supply

 Printer

 Tape backup unit

 Keyboard

 Local Area Network (LAN) external components

Copier

Fax machine

Laminator

Electric mailing machine

Office equipment (excluding furniture) costing per unit \$500 or more

Refrigerator, explosion proof

Telecopier

Television

TV/VCR combination

VCR

Video camcorder

Video tape player/recorder combination

EXHIBIT A-1
CURRENT CONTRACT YEAR EQUIPMENT PURCHASED
WITH STATE FUNDS

Contract number:	_____	Date current contract expires:	_____
Previous contract number (if applicable):	_____	DHS program name:	Maternal and Child Health Branch, Domestic Violence
Contractor's name:	_____	DHS program liaison:	_____
Complete address:	_____	DHS program address:	714 P Street, Room 708
	_____		Sacramento, CA 95814
Telephone number:	_____	Liaison telephone number:	_____
Contractor's contact person:	_____	Date of this report:	_____

**Please Read Instructions on Reverse Side Before Completing
(THIS IS NOT A BUDGET FORM)**

[illegible]

After a Standard Agreement contract has been approved and the equipment has been received, the DHS Program Liaison is responsible for obtaining the following information from the contractors and ensuring that the information is complete and accurate. The information will be used to track DHS contract equipment.

INSTRUCTIONS:

1. List each item of: *Tangible* equipment having a base cost per unit of \$500.00 or more and a life expectancy of 4 years or more.
Intangible equipment having a base cost per unit of \$5,000.00 or more and a life expectancy of 4 years or more (e.g., software, video, etc.).

The Department of Health Services (DHS) reserves the right to require the reporting and tagging of expendable equipment having a base cost per unit under \$500.00. This equipment will be issued either number series ID tags (e.g., computer monitor, facsimile, television, VCR, etc.) or blank ID tags (e.g., furniture, typewriter, calculator, etc.).

NOTE: It is a DHS policy not to ID tag modular furniture.

2. DHS Order or DHS Document Number: If applicable, DHS Program Liaison will note DHS Agency Purchase Estimate Number or Agency Order Number.

If applicable, DHS Asset Management will note DHS document number that applies to final disposition of equipment.

3. Identification tags that have been lost or destroyed must be replaced and can be obtained by contacting the DHS Asset Management Unit.
4. If additional pages are necessary, please use additional copies of this report and label the upper right-hand corner (e.g., Page 1 of 3, etc.).
5. When completed, the contractor is to return the original and one copy of this form to the DHS Program Liaison. The program will forward the original form to the Contracts and Business Services/Asset Management Unit at the following address:
P.O. Box 942732, 1800 Third Street, Room 455, Sacramento, CA 94234-7320.
6. A copy of this report is to be retained on file with the DHS program.
7. Upon receipt of this report in the Asset Management Unit, identification tags will be issued to the DHS Program Liaison. The DHS Program Liaison will forward the ID tags to the contractor. The contractor will place ID tags in plain sight to be easily read. To the extent possible, all equipment will be tagged on the asset's front, left-hand corner. The manufacturer's make and model number is not to be covered by the ID tags.

For more information regarding listing and tagging of equipment, please call Asset Management at (916) 323-4524.

EXHIBIT A-2

ANNUAL INVENTORY OF STATE FURNISHED EQUIPMENT

Date Contract Expires:

Contract No.:

Previous Contract No.:

(if applicable)

Contractor's Name:

Contractor's Complete Address:

Contact Name/Phone No.:

DHS Program Name

DHS Program Address:

Maternal and Child Health Branch, Domestic Violence

714 P Street, Room 708 Sacramento, CA 95814

DHS Program Liaison:

DHS Liaison's Telephone No.:

Date of This Report:

E-Mail:

(THIS IS NOT A BUDGET FORM)

[illegible]

INSTRUCTIONS:

1. Copy information from Exhibit A-1 from prior contracts.
2. For more information regarding listing and tagging of equipment, please call Asset Management at (916) 323-4524.

This page intentionally left blank.

SUBCONTRACT AGREEMENT TRANSMITTAL FORM

This transmittal form is used to obtain MCH approval of any subcontract that exceeds \$5,000 for **each** fiscal year of the MCH Grant term. Complete this form for each subcontract (duplicate the form if additional copies are needed). Attach the following:

1. A brief (one page or less) explanation of the award process
2. Subcontract agreement consisting of:
 - a. Subcontractor/Grantee Agreement
 - b. Proposed scope of work
 - c. Budget
 - d. Detailed Budget Justification Narrative

GRANTEE IDENTIFICATION

Grantee Name: _____

Grant Number: _____ Grant Award Amount: _____

Grant Term: _____

Contact Person: _____

(Person to contact regarding completion of this form)

Phone Number: _____ FAX Number: _____

Internet or E-Mail address: _____

SUBCONTRACTOR INFORMATION

Subcontractor or Consultant Name: _____

Federal I.D. Number or Social Security Number: _____

Address: _____

Subcontract Amount: _____ Subcontract Term: _____

Subcontractor's Project Director: _____

(N/A for consultants) (Person to contact regarding this subcontract)

Phone Number: _____ FAX Number: _____

Is the subcontractor a non-profit organization? ☐ YES ☐ NO

This is to acknowledge that the above named Subcontractor has received, and will comply with, all applicable terms and conditions of the above referenced Grant, including Exhibit A(S) provisions.

Signature and Title of Grantee's Person with Board Authority to Sign _____ Date _____

(sign in blue ink) NOTE: This is not the subcontractor's signature

(IDENTIFY SUBCONTRACTOR DHS FUNDING SOURCES ON REVERSE)

Page 1 of 2

SUBCONTRACTOR FUNDING SOURCES

List all funds currently received or anticipated which are being received from DHS:

[illegible]

AGENCY DOCUMENTATION REQUIREMENTS

The Department of Health Services is required to audit all grants within three years of completion. The documentation required for each audit typically includes, but is not limited to, the following:

Fiscal Records

- A. General ledger journals and charts of accounts
- B. Cash receipts and disbursements journal with supporting documents
- C. Vendor invoices to support expenditures
- D. Program remittance advises from State Controller
- E. Payroll records
- F. Travel log
- G. Billing records (program log)
- H. State and federal tax withholding records
- I. Financial statements and independent auditor's or county auditor's report
- J. Computation of fringe benefits
- K. Agency wide budget and listing of fund sources
- L. Copies of quarterly or monthly claims to the State

Program Records

- A. Project application (submitted in response to the RFA from which you were awarded this grant)
- B. Grant and grant amendments
- C. Progress reports and the final report
- D. Program audit reports of site visits
- E. Project workplan
- F. Correspondence regarding the grant and/or subcontracts
- G. Program implementation records which document the number of people served, material developed, activities conducted, etc. These records may include (if applicable) logs, sign-in sheets, meeting minutes, survey and evaluation data, etc.

Other Records

- A. Board of Directors' minutes and articles of incorporation
- B. Non-profit State approval letter (if applicable)
- C. Organization chart (agencywide) and duty statements
- D. Program correspondence files
- E. Other program audit of the facility
- F. Personnel policies and procedures

**MATERNAL AND CHILD HEALTH BRANCH
DOMESTIC VIOLENCE PROGRAM
NOTIFICATION OF CHANGES**

Complete Legal
Agency Name: _____

Grant Number(s): _____

In the event of a change of address, phone number, or personnel change, send notification of CHANGES only to:

**Department of Health Services
Maternal and Child Health Branch
"Name of Contract Manager"
714 P Street, Room 708
Sacramento, CA 95814**

Business Office
Address: _____

Agency Website
Address: _____

EXECUTIVE DIRECTOR

Name: _____

Title: _____

Mailing Address: _____

City: _____ Zip: _____

Internet or E-Mail Address: _____

Phone: _____ Ext. _____ FAX: _____

PROGRAM/PROJECT DIRECTOR

Name: _____

Title: _____

Mailing Address: _____

City: _____ Zip: _____

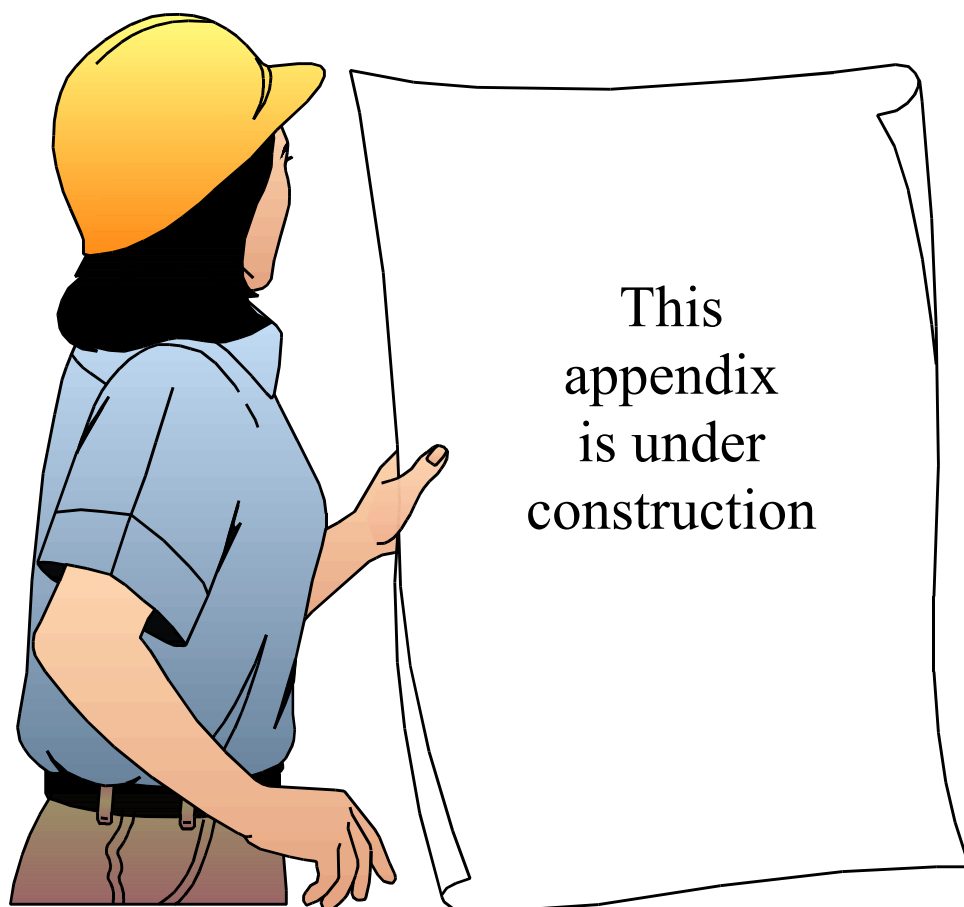
Internet or E-Mail Address: _____

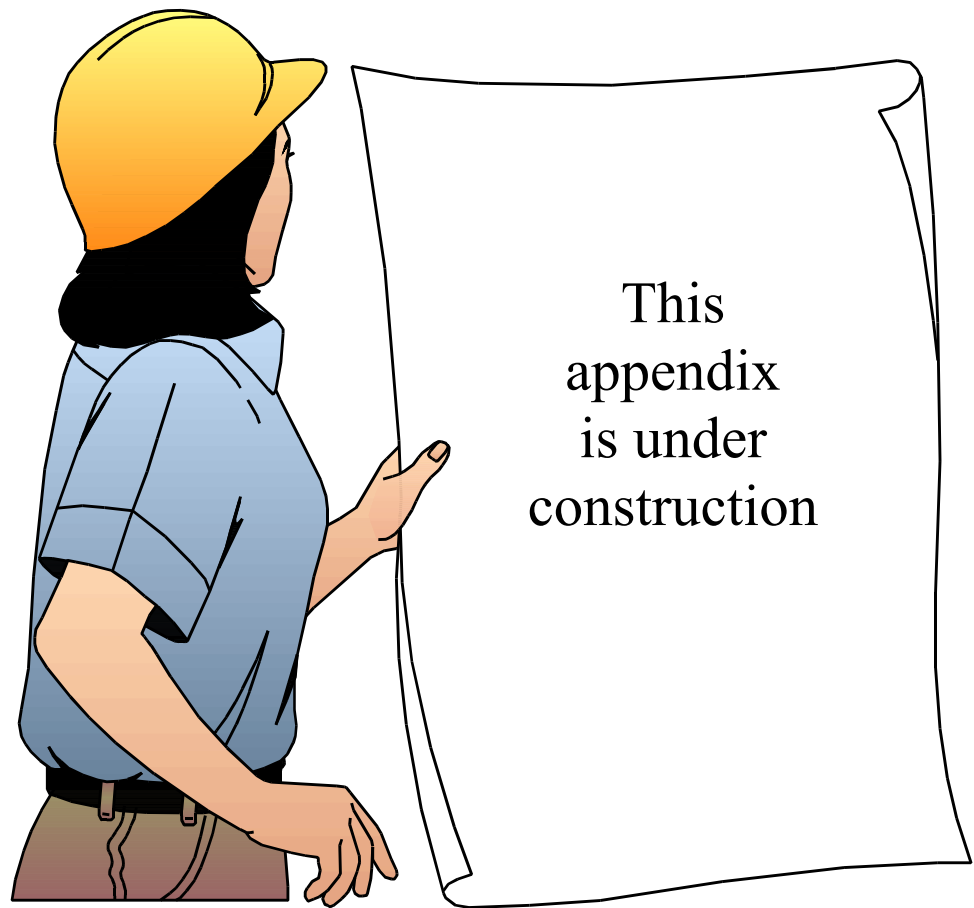
Phone: _____ Ext. _____ FAX: _____

FISCAL OFFICER	
Name:	_____
Title:	_____
Mailing Address:	_____
City:	_____ Zip: _____
Internet or E-Mail Address:	_____
Phone:	_____ Ext. _____ FAX: _____

PERSON AUTHORIZED TO SIGN FOR AGENCY	
Name:	_____
Title:	_____
Mailing Address:	_____
City:	_____ Zip: _____
Internet or E-Mail Address:	_____
Phone:	_____ Ext. _____ FAX: _____

DATA COLLECTION/REPORTING	
Name:	_____
Title:	_____
Mailing Address:	_____
City:	_____ Zip: _____
Internet or E-Mail Address:	_____
Phone:	_____ Ext. _____ FAX: _____





Department of Health Services

Travel Reimbursement Information
Effective July 1, 1999

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract.
 - a. Reimbursement shall be at the rates established for nonrepresented/excluded state employees.
 - b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever contract leaves his or her home or headquarters. "Headquarters" is defined as the place where contracted personnel spend the largest portion of their working time and return to upon the completion of special assignments.
 - c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on page 2 of this bulletin to determine the reimbursement allowance. All lodging must be receipted. If contractor does not present receipts, lodging will not be reimbursed.
 - (1) Lodging: Statewide Rate (with receipts): Actual cost up to \$84.00 plus tax.

 Reimbursement for actual lodging expenses exceeding the above amounts may be allowed with the advance written approval of the Deputy Director of the Department of Health Service or his or her designee. Receipts are required.
 - (2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum.

Breakfast	\$6.00	Dinner	\$18.00
Lunch	\$10.00	Incidentals	\$6.00
 - d. Out-of-state travel may only be reimbursed if such travel has been stipulated in the contract and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors must have prior Departmental approval and a budgeted trip authority.
 - e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on page 2 of this bulletin.
 - f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.
2. If any of the reimbursement rates stated herein are changed by the Department of Personnel Administration, no formal contract amendment will be required to incorporate the new rates. However, DHS shall inform the contractor, in writing, of the revised travel reimbursement rates.
3. For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.
4. **Note on use of autos:** If a contractor uses his or her car for transportation, the rate of pay will be 31 cents maximum per mile. If the contractor is a person with a disability who must operate a motor vehicle on official state business and who can operate only specially equipped or modified vehicles may claim a rate of 31 cents per mile without certification and up to 37 cents per mile with certification. If a contractor uses his or her car "in lieu of" air fair, the air coach fair will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the state. Gasoline and routine automobile repair expenses are not reimbursable.

5. The contractor is required to furnish details surrounding each period of travel. Travel detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc.
6. Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

TRAVEL REIMBURSEMENT GUIDE

IF LENGTH OF TRAVEL IS	IF THIS CONDITION EXISTS	CONTRACTOR MAY CLAIM
Less than 24 hours	Example: A contractor may claim breakfast if, during a period of travel, he or she begins their travel at 6:00 a.m. or earlier and are still traveling at 9:00 a.m.	Breakfast
Less than 24 hours	-----	
Less than 24 hours	Travel period ends at least one hour after the regularly scheduled work day ends. Start travel prior to or at 5:00 p.m. and remain traveling after 7:00 p.m.	Dinner
24 Hours	A contractor is on travel status for a full 24 hour period (determined begin and end times).	Breakfast, lunch, and dinner
Last fractional part of more than 24 hours	Return at or after 8:00 a.m. Example: If a contractor returns the last day of a trip of more than 24 hours at or after 8:00 a.m., a breakfast allowance may be claimed.	Breakfast
Last fractional part of more than 24 hours.	Return at or after 2:00 p.m. Example: If a contractor returns the last day of a trip of more than 24 hours at or after 2:00 p.m., a lunch allowance may be claimed.	Lunch
Last fractional part of more than 24 hours.	Return at or after 7:00 p.m. Example: If a contractor returns the last day of a trip of more than 24 hours at or after 7:00 p.m., a dinner allowance may be claimed.	Dinner

BATTERED WOMEN SHELTER PROGRAM
Calendar and Deliverables Due Dates

July		February	
1	New FY begins	28	Final date for Second Quarter Invoice
30	Prior FY Final Program Report		
August		March	
30	Prior FY Fourth Quarter Data Report	31	End of Third Quarter
31	New FY Initial Grant Payment Request		
31	Prior FY final date for Fourth Quarter/Final Invoice		
September		April	
30	End of First Quarter		
October		May	
31	First Data Report (Direct Services)	31	Final date for Third Quarter Invoice
31	Program Report		
November		June	
30	Final date for First Quarter Invoice	30	End of Fourth Quarter
		31	End of FY
December 1999		July	
31	End of Second Quarter	31	Final Program Report
		31	Final Data Report
January		August	
31	Second Data Report (Direct Services)	31	Final date for Fourth Quarter/Final Invoice
31	Program Report		

HEALTH AND SAFETY CODE

SECTION 124250-124251

124250. (a) The following definitions shall apply for purposes of this section:

(1) "Domestic violence" means the infliction or threat of physical harm against past or present adult or adolescent female intimate partners, and shall include physical, sexual, and psychological abuse against the woman, and is a part of a pattern of assaultive, coercive, and controlling behaviors directed at achieving compliance from or control over, that woman.

(2) "Shelter-based" means an established system of services where battered women and their children may be provided safe or confidential emergency housing on a 24-hour basis, including, but not limited to, hotel or motel arrangements, haven, and safe houses.

(3) "Emergency shelter" means a confidential or safe location that provides emergency housing on a 24-hour basis for battered women and their children.

(b) The Maternal and Child Health Branch of the State Department of Health Services shall administer a comprehensive shelter-based services grant program to battered women's shelters pursuant to this section.

(c) The Maternal and Child Health Branch shall administer grants, awarded as the result of a request for application process, to battered women's shelters that propose to maintain shelters or services previously granted funding pursuant to this section, to expand existing services or create new services, and to establish new battered women's shelters to provide services, in any of the following four areas:

(1) Emergency shelter to women and their children escaping violent family situations.

(2) Transitional housing programs to help women and their children find housing and jobs so that they are not forced to choose between returning to a violent relationship or becoming homeless. The programs may offer up to 18 months of housing, case management, job training and placement, counseling, support groups, and classes in parenting and family budgeting.

(3) Legal and other types of advocacy and representation to help women and their children pursue the appropriate legal options.

(4) Other support services for battered women and their children.

(d) In implementing the grant program pursuant to this section, the State Department of Health Services shall consult with an advisory council, to remain in existence until January 1, 2003. The council shall be composed of not to exceed 13 voting members and two nonvoting members appointed as follows:

(1) Seven members appointed by the Governor.

(2) Three members appointed by the Speaker of the Assembly.

(3) Three members appointed by the Senate Committee on Rules.

(4) Two nonvoting ex officio members who shall be Members of the Legislature, one appointed by the Speaker of the Assembly and one appointed by the Senate Committee on Rules. Any Member of the

Legislature appointed to the council shall meet with, and participate in the activities of, the council to the extent that participation is not incompatible with his or her position as a Member of the Legislature.

The membership of the council shall consist of domestic violence advocates, battered women service providers, and representatives of women's organizations, law enforcement, and other groups involved with domestic violence. At least one-half of the council membership shall consist of domestic violence advocates or battered women service providers from organizations such as the California Alliance Against Domestic Violence.

It is the intent of the Legislature that the council membership reflect the ethnic, racial, cultural, and geographic diversity of the state.

(e) The department shall collaborate closely with the council in the development of funding priorities, the framing of the Request for Proposals, and the solicitation of proposals.

(f) (1) The Maternal and Child Health Branch of the State Department of Health Services shall administer grants, awarded as the result of a request for application process, to agencies to conduct demonstration projects to serve battered women, including, but not limited to, creative and innovative service approaches, such as community response teams and pilot projects to develop new interventions emphasizing prevention and education, and other support projects identified by the advisory council.

(2) For purposes of this subdivision, "agency" means a state agency, a local government, a community-based organization, or a nonprofit organization.

(g) It is the intent of the Legislature that services funded by this program include services in underserved and ethnic and racial communities. Therefore, the Maternal and Child Health Branch of the State Department of Health Services shall do all of the following:

(1) Fund shelters pursuant to this section that reflect the ethnic, racial, economic, cultural, and geographic diversity of the state.

(2) Target geographic areas and ethnic and racial communities of the state whereby, based on a needs assessment, it is determined that no shelter-based services exist or that additional resources are necessary.

(h) The director may award additional grants to shelter-based agencies when it is determined that there exists a critical need for shelter or shelter-based services.

(i) As a condition of receiving funding pursuant to this section, battered women's shelters shall do all of the following:

(1) Provide matching funds or in-kind contributions equivalent to not less than 20 percent of the grant they would receive. The matching funds or in-kind contributions may come from other governmental or private sources.

(2) Ensure that appropriate staff and volunteers having client contact meet the definition of "domestic violence counselor" as specified in subdivision (a) of Section 1037.1 of the Evidence Code. The minimum training specified in paragraph (2) of subdivision (a) of Section 1037.1 of the Evidence Code shall be provided to those staff and volunteers who do not meet the requirements of paragraph (1) of subdivision (a) of Section 1037.1 of the Evidence Code.

124251. (a) The Maternal and Child Health Branch of the State Department of Health Services shall fund, through a competitive selection process determined by the director, at least one agency to provide expert technical assistance and training on domestic violence issues and building agency capacity in order to obtain other funding for services for battered women and their children, including, but not limited to, grant writing and building coalitions.

(b) The Maternal and Child Health Branch of the State Department of Health Services shall fund at least one agency to conduct a statewide evaluation of the services funded through Section 124250.

(c) For purposes of subdivision (a), "agency" means a state agency, local government, a community-based organization, or a nonprofit agency.

(d) Contracts awarded pursuant to this section are exempt from the competitive bidding requirements of the Public Contract Code.

